OCTOBER NEWSLETTER 2020

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Beyond The Diagnosis

Cancer and Fertility

Preservation

EDITION **highlights**

The Storm Breast cancer didn't stop Adina from living her life The Role of Breast Cancer Classification as a Guide to Therapy

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A MESSAGE FROM THE CEO

Hello Friends,

October is here, and that means it's all about Breast Cancer Awareness Month.

The ongoing efforts to educate others on their risks have grown far beyond displaying pink ribbons. However, our goals remain the same: increase support for community awareness, early detection, treatment, and a cure.

Breast cancer is the most common cancer among women. Although physically and psychologically painful, many have overcome the disease while others continue to conquer. Inside this edition, we share uplifting and inspiring stories from our very own patients who are breast cancer fighters and survivors.

From a clinical perspective, Dr. Noshir DaCosta discusses the role of breast cancer classification as a guide to therapy and Dr. Yelda Nouri looks beyond the diagnosis into fertility preservation.

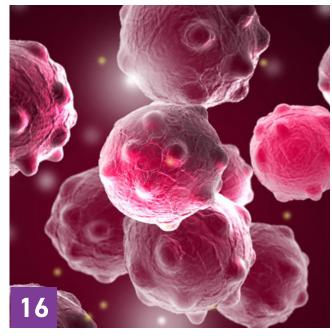
It's stories like these that give us knowledge, hope, and inspire us to take action, which is why I hope you will join us at Hockey For Hope - a charity event organized by The New York Cancer Foundation and The Suffolk County's Sheriff's Department to raise funds for cancer patients so they can focus on their treatments and healing.

This time of year, I think back to the words of F. Scott Fitzgerald, who wrote, "Life starts all over again when it gets crisp in the fall." I hope that you commit to a healthy lifestyle and jumpstart positive change into your life.

Cheers, **Dr. Vacirca**







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Nursing Corner

MANDATORY:

- Past Due Aug 21: Olanzapine (Zyprexa) lecture and learn: Recording Password: Nycancer1!
- Past Due Aug 21: Olanzapine (Zyprexa) post assessment
- Oct 5, 6:30-7:30pm: RN Check In
- Oct 19, 6:30-7:30: LPN Check In
- Oct 20, 5-6pm: Chemotherapy Technician Check In
- Due Oct 30: Review NY Imaging Nursing Guide
- Due Oct 30: Complete NY Imaging Nursing Post Assessment

UPCOMING IN-SERVICE & EDUCATION:

- Oct 28, 5-6pm Enhertu virtual inservice
- Nov 12, 5-6pm Keytruda virtual inservice
- Free or low cost CE's

FLU SEASON IS HERE!

Get your flu shot today! Flu shots are available to all staff at NYCBS Med/Onc offices. Flu shots are also available to our patients when medically safe and appropriate. Remember, we can all do our part by: covering our mouth and nose when sneezing or coughing, cleaning all surfaces regularly and washing our hands.

NURSING POLICY REMINDER: SPOTLIGHT ON CELGENE/ REMS

For patients prescribed PO Medications Revlimid, Pomalyst and Thalomid immediate enrollment into the CELGENE REMS program is required before the patient is discharged from the office. Step by step instructions for enrolling new patients for Celgene as well as updated usernames and passwords can be found on the intranet under WORKFLOWS

- CELGENE NEW PATIENT ENROLLMENT Workflow
- CELGENE REMS USERNAME/PASSWORDS

BREAST CANCER AWARENESS MONTH:

Join us on Wednesday, October 21st, for our PINK DAY. Wear pink to show support and raise awareness about breast cancer. Did you know?

- 1 in 8 women will develop breast cancer
- On average, every 2 minutes, a woman is diagnosed with breast cancer in the United States
- Over 42,000 women die from breast cancer each year
- There are 3.5 million breast cancer survivors in the United States.
- When breast cancer is detected early and is in the localized stage, the 5-year relative survival rate is 99%.
- Early detection is key! Monthly breast self-exams, and scheduling regular clinical breast exams and mammograms.
- Mammograms are recommended every 1-2 years for women ages 40 and older. Women under 40 with risk factors should

speak to their HCP to determine if mammograms are advised.

WE WANT YOUR FEEDBACK!

Take the survey and tell us what information you would like to see on our next issue of care corner. Email jharwood@nycancer.com for more info.

A Carolyn Jones TED Talk "and, I was struck again by how intimate the work of nursing really is."

LIVINGwith **Metastatic Breast Cancer**

No matter the age of a woman with breast cancer, from the moment of diagnosis, each becomes a warrior looking to conquer their cancer and anything that gets in their path.

Jodi LaSalla Comier was diagnosed with stage 3b breast cancer at the young age of 34-years-old. A breast cancer survivor for 17 years, she flipped the switch and is still living life with advanced breast cancer.

"It was the biggest shock of my life," Jodi recalls. Believed to have cystic breasts at the time, Jodi thought few doors. I had a few lumps in my breast, but I was in really good shape. So, at the time, they just kept sending me home until I finally kicked and screamed to the right woman has cancer." By the time Jodi was diagnosed, she was stage

When Jodi received the news she thought her life was over. "Everything that I had been working for up to that moment, nothing mattered," she explained. "But, there was a part of me that said, I'm going to get through this. I can do this."

The mother of an 8-year-old, Jodi had the difficult task of explaining to her son that she was sick and was going to lose her hair. "It was the worst experience that I could have ever gone through. But, I was honest with my son, and we went through it together.'

watch her son graduate high school and continue to grow into the young years, he's watched me go through again and go back to school myself." including chemotherapy, a mastectomy, radiation, and clinical trials. When she learned that her success statistics were grim: She was put on hospice and was told to get her affairs in order. "I couldn't believe it. It was quite scary." A long, and daunting process but she got through it with the help of New York Cancer & Blood Specialists and her oncologist Dr. Syali.

"Everything that I had been working for up to that moment, nothing mattered," she explained. "But, there was a part of me that said, I'm going to get through this. I can do this." - Jodi

A fighter and an aspiring entrepreneur, Jodi still has a lot more to accomplish. "I can't explain it," she said. "I just know that I have a lot more to do. And Dr. Syali, he was by my side, every step of the way. He brings the newest technology and the newest clinical trials. We've been through this for

A Tribute to Nurses.

many, many years together. I don't He's an amazing soul, and I'm so blessed to have him as my doctor. Now living with stage 4 breast cancer, Jodi wants to give hope to others in her shoes. "Be strong," because healing is all about you and how you feel. You have to and give yourself long term goals,' she advises. "It's not an easy road going through chemotherapy and you can, and you will get through treatments that are given to you, and you can't give up on yourself.'

Studies are showing that advanced are giving people life and extending their life expectancy. "It's more of a chronic illness these days," she death sentence anymore."

favorable outcomes are credited to healers and yoga. "I believe in meditation and natural healing," Jodi recommends. "I am a very lucky individual, and I'm so lucky that I've been at New York Cancer & Blood Specialists these many years because I don't know if I would have made it if I was at any other place.'

Bv Sarah Gould

Hello my name is Adina and I am...

Adina was diagnosed with Infiltrating Ductal Carcinoma in June 2019, days before her 35th birthday. For her, it didn't mean hiding behind the disease but instead, the cancer was about to weather her storm.

A mom of two, the wife of a police officer, and a proud business owner, Adina had a full plate of responsibilities: Managing A Perfect Day—her wedding planning and event coordination company and a shocking, stage 2 breast cancer diagnosis.

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"In the past, I've had cysts. So, when I found a lump in my left breast. I didn't think much of it." Adina explained. "I had a primary care appointment when I figured I would mention it." Adina's doctor suggested that she go for her very first mammogram. But, what Adina didn't know was that day would change her life forever. At the height of wedding season, Adina was in the midst of finalizing three events she had that weekend, and the two she had for the following. "In fact, I almost didn't make my appointment in time," she recalled. "The first set of images went great - minimal pain, minimal worry. But, when I was called in a second time for more images, and then a third time, I knew this was

no longer an ordinary day." The mammogram had detected a solid mass, not a fluid-filled cyst as she had anticipated. Adina was instructed to have a biopsy immediately. "I distinctly remember the words, "do not wait." As tears rolled down her cheeks, and thoughts of the unknown came to mind, there was one thing Adina knew for certain, she was going to battle locally advanced breast cancer with a badass, positive attitude.

That weekend, Adina was wrapped up in love, happiness, and details. While couples commemorated their marriage with, "I Do's"- Adina was adding doctor appointments and surgeries to her to-do's. Less than a month from that dreadful day, Adina underwent a double mastectomy. From that point forward, New York Cancer & Blood Specialists became her home for the next 16 weeks. From chemotherapy to reconstructive surgery, to radiation, and a hysterectomy, hiding behind the diagnosis was not in her cards.

Her next concern was figuring out how she would tell 6-year-old Luca and 4-year-old Lorenzo about the challenges that she was about to face. Her children are clearly the center of her world."We just tried to talk to them like little adults, saying it in words they'd understand, making it known that it's very serious, but mommy would get through it while letting them ask as many questions as they needed," she said. "There are books that I read to them that explained cancer, and I even found a Pacman video that used the analogy for cancer cells."

"As tears rolled down her cheeks, and thoughts of the unknown came to mind, there was one thing Adina knew for certain, she was going to battle locally advanced breast cancer with a badass, positive attitude."

- Adina

Continued on Page 8





Continued...

So, when Adina's hair began to fall out, her boys knew her chemotherapy was working. Adina took the initiative to shave her own head and decided to have fun with it. She wore multiple hairstyles with confidence, from a pink mohawk to wigs. "I'm not ashamed. I'm proud," she expressed. "My life has still changed, and I am still living with the fear of the future but I am grateful."

Because of the hand that she was dealt with, she now has the opportunity to share her story, in hopes that it helps someone in need. Adina now participates in the Making Strides Against Breast Cancer Walk with her team, Adina's Angels, where she had the very special honor of speaking at the Long Island East End event.

After eight rounds of chemotherapy, Adina threw a "No Mo' Chemo" party. "I changed my mindset and the outcome is more positive. I put out love, I gave thanks, and I expressed appreciation. I got back more love, thanks, and appreciation."

Imagining a world where she can help plan her son's future weddings, Adina celebrates her 'cancerversary.' Now in the driver's seat of her own journey, she's dedicated to supporting and raising the voices of women who find themselves in similar shoes.

Women all over the community are se ing a piece of them in a woman like Adina, and that kind of influence is paramount in what we need to continue this future of badass women conquering cancer. Between innovative and advanced treatments and compassionate physicians like the staff at New York Cancer & Blood Specialists, women have more hope than ever.





The Role of Breast Cancer **Classification as a Guide to Therapy**

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

By Sarah Gould



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

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

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

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

These breast cancers can be estrogennegative or estrogen-positive and could be triple-negative. They could have variable HER2 expression and the genetic forms of breast cancer could express different receptors. It's important to know whether breast cancers have a BRCA1 or BRC2 gene because there is a group of drugs called the PARP inhibitors, that will target breast cancers with the BRCA1, BRCA2, or the PALB2 gene. That's a whole different aspect of treating breast cancers. New York Cancer & Blood Specialists offers genetic testing as well as individually tailored treatment options. "We have a wonderful staff that really cares about every patient," Dr. DaCosta said. "We're local. We live where our patients live. We practice a very high quality of medicine. The quality of oncology care we practice is far above and beyond the kind of care that's delivered by large institutions. At New York Cancer & Blood Specialists, we have such highly trained physicians, nurses, and staff that practice at a level that most institutions can only dream of."

Beyond the Diagnosis:

Cancer and Fertility Preservation



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

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

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

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

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

Bv Sarah Gould

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

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

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

To contact NYCBS, please call 1-833-CANCER9

There's something in the air this time of year. As the season shifts, so does the produce!

Fall foods are comforting, easy to incorporate into our diets, and are packed with flavor and nutrition. Here are some facts about a few Fall favorites:

Brussels sprouts are delicious and nutritious, containing fiber, folate, and tons of vitamin C. They also contain phytochemicals that promote cell health.

Apples are filled with healthful substances such as polyphenol compounds and fiber. Together, they work to create a favorable gut microbe environment. Whether you go apple picking or to the supermarket, there are a ton of varieties to try.

Sweet potatoes are another Fall favorite go-to! The sweet taste is always pleasing and is packed with nutrients, like vitamin A. fiber, potassium, and with the antioxidant beta-carotene. This root vegetable is very versatile and can be

baked to make fries, roasted for a side dish or add-in to salads, cut up and used in chili, made into a mash, etc.

Of course, pumpkin should be included in this round-up! Roasted pumpkin with cinnamon and nutmeg is delicious and it can be swapped for squash in most recipes. Canned pumpkin is an easyto-use healthful option and adds flavor without overpowering foods. It's off the charts for vitamin A and also has fiber, iron and is naturally low in sugar. Pumpkin is great in smoothies, baked goods, soups, and as a yogurt or oatmeal topper.

By no means is Fall produce limited to the aforementioned foods. Go ahead and incorporate mushrooms, carrots, pear, grapes, cauliflower, winter squash, kale, cabbage, herbs, and spices into your meals and snacks for some tasty, healthful cancer-fighting benefits.

By Wendy Kaplan, MS, RDN, CDN

Pumpkin Spice Smoothie

*Place all ingredients in a blender & blend until smooth. You will have two 1-cup servings.

****Tip:** Freeze some banana slices to use as the "ice cube" to maximize flavor.

Nutrition Update - Patients are now able to use the SNAP program (EBT) to buy any oral nutrition products on Amazon. Amazon has partnered with the U.S. Government to allow SNAP EBT as a payment method. Appropriate patients were alerted to this service.

*For more information and a list of eligible states based on government guidelines,

please visit. www.amazon.com/SNAP.

Psychology Today Psychological Services and Telehealth Visits

William J. DiScipio, Ph.D., Dip.Abn.Psy.



Recent restrictions placed by the COVID-19 pandemic have presented psychological services at NYCBS with a new psychotherapy treatment paradigm: Remote or "Telehealth" psychotherapy sessions. Because psychotherapy sessions do not require physical interventions, the shift to remote communication provided a means to continue treatment contacts without the risk of viral contagion. Both internet-audio/video and telephone communications were already available for medical follow-up, but not previously used by psychology for treatment sessions.

Our experience after having completed about 100 remote visits has presented something of an unexpected treatment outreach and scientific advance in responding to the COVID-19 crises. While previous billing restrictions have contributed to the absence of remote sessions, the new means of approved communication has proven to be an effective alternative to office visits, thereby uncovering a novel approach to psychotherapy interfaced with modern technology.

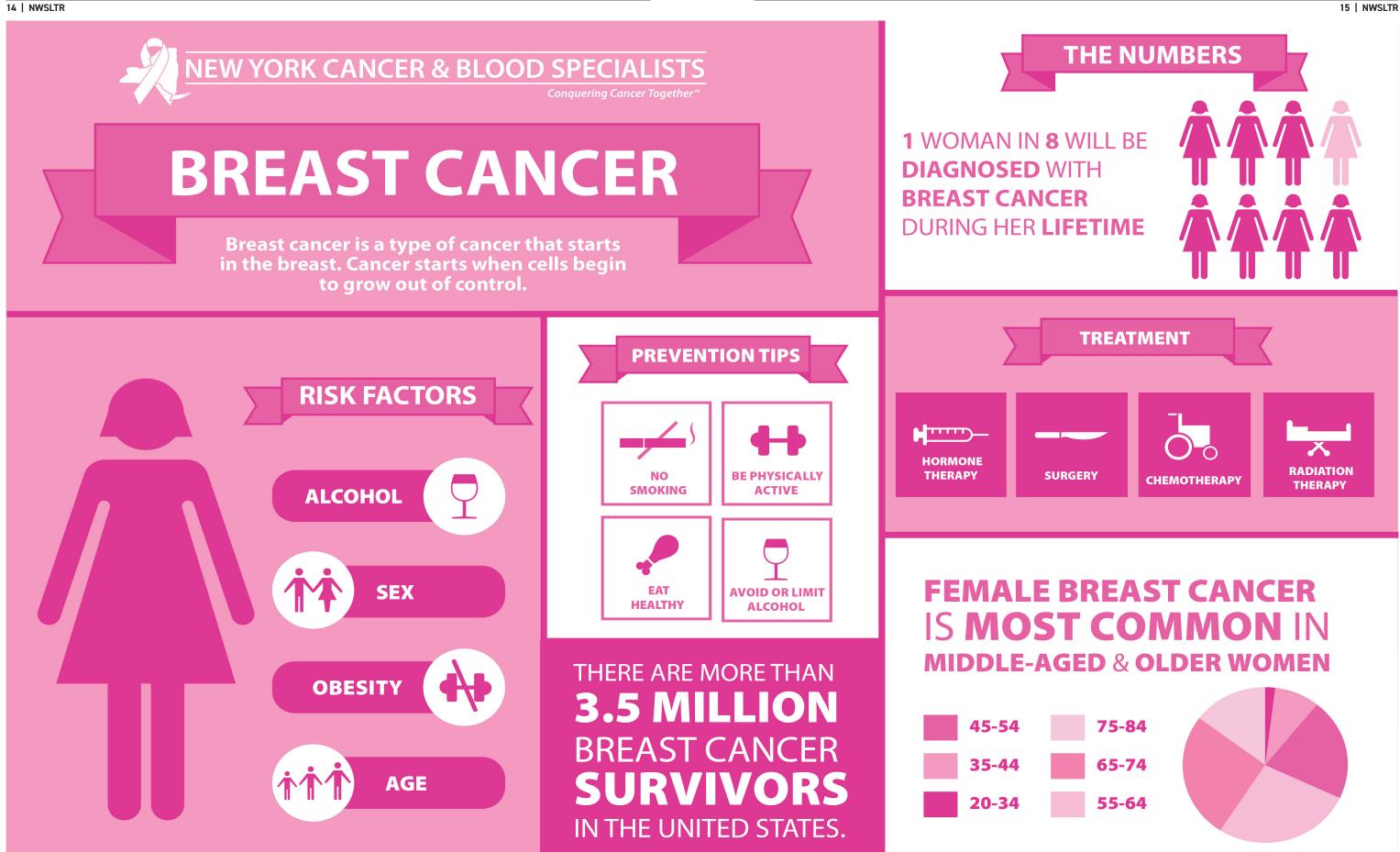
On the positive side, our patients who are often in the older age ranges with compromised immune systems, have been afforded the same personal contact with the psychotherapist without the danger of infection, inconvenience, and nonreimbursable expense of commuting to an office. Most of all, our remote services have been highly regarded as helpful and effective in providing the same or greater frequency of psychotherapy for our unique population of chronically medically ill patients.

Many have preferred the telephone connection to the internet (doxy.me) because seniors are often not familiar with, or are intimidated by high-tech computer usage. Also, we have been able to expand the reach of our limited resources for psychological office visits by extending services to all NYCBS offices regardless of geographic location. Data supporting this new patient contact paradigm show an approximate 30% increase in our referrals and services before and after the COVID-19 crises. Issues of confidentiality and observance of non-verbal body language are considered

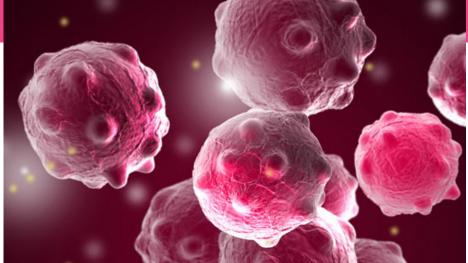
as caveats which have emerged as new challenges to all professional licensed psychologists facing this imposed, but potentially improved approach to psychotherapy. Solutions are offered such as suggesting patients use cell phones for greater privacy and that initial sessions be performed online with a telephone followup. Another shift in considering the intimate and interactive nature of psychotherapy is the presence of the therapist's face on the internet video. Professionals label this phenomenon "countertransference," and now have a new means of identifying and tracking their non-verbal facial gestures and responses to patient-therapist interactions.

Professional psychologists in all settings (eg. schools, mental health clinics, addiction services, et al.) have been responding to the newly imposed, but surprisingly helpful paradigm of delivering psychotherapy with remote assists and a new era of telehealth has emerged as a silver lining to the COVID-19 pandemic.





Palliative Care in Breast Cancer



Palliative care (PC) can be provided along any aspect of a breast cancer diagnosis. From early stage disease to metastatic disease, PC has a role in managing a patient's symptoms and providing a positive impact on quality of life.

When a patient is diagnosed with breast cancer, it has an impact on every dimension of their life. Mental, physical, and psycho-social domains are affected as patients begin to cope with their diagnosis. Anticipation of potential treatments can disrupt a normal patient's life and be a source of distress.

In early breast cancer, PC can provide education and assist with prevention and relief of the many side effects associated with breast cancer treatment. Surgery, radiation, chemotherapy, and/or hormonal treatments all come with different sequalae and providing expectations for upcoming or ongoing treatments allows patients to better prepare for what may be ahead. Doing so enhances compliance and is an important part of the overall treatment plan. When treatments are completed, your provider can than develop a plan for aftercare focusing on recovery and healing then returning to activities that are important to you and moving on to a survivorship program.

In metastatic breast cancer, palliative care not only helps to control and prevent symptoms, but also follows these patients throughout the many trajectories of the disease. Patients and families with advanced breast cancer have complex needs that require an interdisciplinary team approach to care. The many available treatments for patients with breast cancer have thankfully increased survival but in turn have a great impact on quality of life. The early establishment of good symptom control and trusting relationships enables providers to be able to address the many facets of chronic cancer care and focus on the



By: MaryAnn Fragola

optimization of quality of life and well

optimization of quality of life and well being of these patients.

Common Symptoms in Breast Cancer

- Anemia
- Fatigue
- Anxiety
- Nausea/Vomiting
- Depression
- Constipation/Diarrhea
- Boney pains
- Insomnia
- Loss of appetite
- Pain
- Neuropathy

Palliative care can be used at any time and during any phase of cancer treatment. In breast cancer, palliative care seeks to focus on maximizing the overall physical and emotional aspects of health care benefiting every patient, no matter what stage of disease. Remember, it is never too early to incorporate palliative care as a component of their treatment plan!

NY Imaging Specialists A Look at MRI and CTA

MRI (Magnetic Resonance Imaging) is an accurate, effective, and safe diagnostic imaging scan for patients. Unlike X-Ray, CT, or PET imaging, which uses radiation to look inside the body, MRI obtains clear and accurate pictures without ionizing radiation. MRI is a highly effective tool that can focus on specific areas such as the spine, liver, or brain. MRI is also capable of scanning the entire body to detect tumors in the earliest stages of formation or to get an overall snapshot of the whole body. We are proud to announce that we are one of the only centers on Long Island to offer MRI whole-body imaging.

<u>Reasons for Order:</u> Smoldering Myeloma, Cancer Screenings, and Routine Health Examination (may not be covered by insurance).

For a Whole-Body MRI, please order; MRI Chest W/O, MRI ABDOMEN W/O, MRI PELVIS W/O. In the comment section note whole-body MRI.

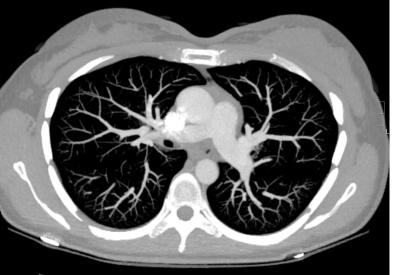
At NY Imaging Specialists, we perform what is called a

CTA (CT Angiography of the Chest) to evaluate for pulmonary embolism (PE). This test is extremely important for patients in the medical oncology setting that have hypercoagulable states, such as cancer and present with other clotting disorders. CTA imaging plays a key role by providing an accurate diagnosis, rapid turnaround times for patients, and is the standard of care for evaluation of PE.

Orderable: CTA CHEST W/ IV CONTRAST **Reason:** Pulmonary Embolism

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NYCBS Research

My Journey with Cancer

By: Susan Ryan

ASL at NYCBS American Sign Language Assistance Service

When I was first diagnosed with cancer back in April of 2013, I asked Dr. Carrucciu, at The Fortunato Breast Health Care Center, in Port Jefferson, why me? Immediately, I worried about how my family was going to take the news. I worried that my time with them might be seriously cut short. That was over seven years ago.

I turned to New York Cancer & Blood Specialists for help. They have excellent doctors and an amazing staff. My journey began with Dr. Jeff Vacirca, and after my first consultation with him, I felt confident that I was on the right path. He was there to listen and advise me on this journey. I opted for a mastectomy and breast reconstruction. Because my cancer was low in the staging and small, surgery was performed first by Dr. O'Hea at Stony Brook Hospital. I had the best care and was in the best hands.

The good news was the sentinel node was cancer-free. However, my cancer is triple-negative and can be a very aggressive cancer. As a preventive, and as Dr. Vacirca advised, I had four rounds of chemotherapy. Barbara sat me down and explained what I would be experiencing during chemotherapy. I was fully prepared. Again, I had the best care from my doctor, caring staff, and I was in the best hands.

Cancer took over a year out of my life, between treatment and surgeries, but I'd beat it. Once I was able to breathe and believed that I beat the odds, I never stopped seeing the doctors at New York Cancer.

In January of 2018, my cancer came back. It snuck up on me and never gave us any warning. I was frightened; triple-negative reoccurrences can be deadly. A tumor blocked a section of my small bowel. Luckily, surgery removed the culprit, and once again, I needed treatment.

That meant losing my hair a second time, ugh. I laugh because it still is my biggest complaint.

Over the years, I began seeing Dr. David Chu and credit him with saving my life. I know it sounds a little dramatic, but he was determined to keep me as cancer-free as possible. And he's done exactly that. Each plan and step he takes, keeps my cancer contained. Then a clinical trial opened up and I was a candidate. The clinical trial was specific to triple-negative breast cancer.

That's when I met Stephen Pentheros, a clinical research coordinator and R.N. He's been with me for over two years, and I honestly don't know if I could have gotten through the clinical trial without him. He's professional, caring, and has become a good friend. The entire staff, infusion shot room, and the front desk are amazing and caring people. The doctors are friendly, caring, and the best at what they do, saving lives. That was over two years ago. I am currently in remission and taking a vacation from chemotherapy. The FDA has approved the drug that I was taking in the clinical trial. I hope my success will help others.

I'm optimistic and grateful that I have the staff and doctors at New York Cancer & Blood Specialist taking care of me. So far, cancer hasn't taken me down or truly incapacitated me in any serious way. I can count on New York Cancer to be innovative and up to date with the newest clinical trials. As a cancer patient, I see that the future is bright, and cancer isn't the end at all.

Their research department is the way of the future and clinical trials are lifesavers. This is my journey. I live for today and look ahead to tomorrow. How nice that New York Cancer & Blood Specialists has given me that opportunity. By the way, my hair is growing back.

Thank you, New York, Cancer & Blood Specialists.





A Show of Hands is an American Sign Language Assistance Service (ASL), dedicated to meeting the diverse needs of our culturally and linguistically diverse patients. For patients who are deaf or hard of hearing, we provide interpreter services to ensure we deliver the most personalized patient care.

Our patient-centered approach includes breaking down any language barriers between our patients and their care teams. We strive to improve access to high-quality care because understanding and communicating your needs are very important to us.

WE NOW PROVIDE THE FOLLOWING FREE LANGUAGE ASSISTANCE SERVICE:

American Sign Language Interpreters

This service is available at the following offices: Port Jefferson - 49 Route 347, Port Jefferson Station, NY 11776 Riverhead - 750 Old Country Road, Riverhead, NY 11901

If you would like to make an appointment using this service, please speak with our live chat representatives, or call us at 1-833-CANCER-9.







2nd Annual **RAISING HOPE** Golf Classic

On Thursday, September 24th, the New York Cancer Foundation (NYCF) hosted the 2nd Annual Raising Hope Golf Classic at the Nissequogue Golf Club. It was a fun day on the putting green with beautiful panoramic views overlooking St. James Bay.

due to the pandemic, making the day very special. Attendees were happy

Approximately 107 golfers took part to financial burden our patients face. The from treatment, rent or mortgage, and utilities. The all-day event began with registration and breakfast, 18 holes, followed by cocktails and dinner. Guests participated in a silent auction and raffle of many items such as a luxury handbag and sunglasses, trips, golf foursomes, a Callaway golf set, and signed memorabilia, including a lames Taylor quitar





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Loren Ebert, a beloved patient, and advocate who lost her battle with diagnosed patients, providing goody bags to chemotherapy patients during husband and son attended the event and all of the volunteers wore blue raised a glass to celebrate her beautiful life.

Theresa Ryan, a mother of two, a patient of Dr. Gurmohan Syali, and a patient of Dr. Gurmohan Syali, and a two-time NYCF grant recipient. Being able to help someone like Theresa is the foundation's sole purpose and the reason why the NYCF holds events like these. Theresa, shared her story and the response was overwhelmingly positive. The guests and sponsor attendees were so generous they helped the foundation raise over \$180.000. True to its name, the golf







Employee of the Month



Colleagues climbing high



Review of the Month

SEEN ON GOOGLE REVIEWS

"Everyone is very nice, you are taken right away as soon as you enter, the wait time for blood work is very short, the wait time to see your doctor and associates is short. All information given is understood, all my questions are answered. I am treated very well at each and every visit."



"Once you choose hope, anything is possible."

- CS Lewis



MaryAnn Fragola, DNP, ANPc, ACHPN Passes Certification

We would like to congratulate MaryAnn Fragola, DNP, ANPc, ACHPN on passing the Advanced Certified Hospice and Palliative Nurse Exam!! She is officially board certified!



"I'm very excited for my new role, continuing to support our patients. Being there to care for others when they are the most vulnerable is what drove me to be an oncology nurse. The relationships built with my patients have been the most rewarding and I look forward to continuing to serve my community here at NYCBS."

YEARS OF SERVICE In October



Craig Reuter, RN

Head Nurse: Chronic Care Management

NANCY WUNDERLICH	26	COLLEEN A. LO BELLO	20
BARBARA O'SULLIVAN	26	IRENE M. ARRICALE	18
SEAN HYLAND	23	MICHEL L. SCHWARTZ	15
MARYANN FRAGOLA	20	NICOLE CORTINA	11

September New Hires

Alexa DeGradi (Patient Communication Operator)

Alexis Rutigliano (Lab MA) Alicia Feeney (Call Center)

Amanda Ward (Receptionist)

AnnaKaye Skinner (Lab MA)

Anna Silverberg (NP)

Antonella Songini (RN) Brianah Allen (Call Center)

Brittani Stern

Brittany Espinosa (LABMA)

(Receptionist)

Celeste Tolentino (Receptionist)

Charisse Armistead (LPN)

Christina Melvin (LPN)

Danielle Jones (Patient Communication Operator)

Dean Tolliver (LPN)

Denise Paige (Pharmacy Tech) Elizabeth Albano (Triage RN) Eloim Dupiton (Lab)

Eileen Longo (Triage) Elizabeth Attard (RN)

Ernesto Amorelli (Call Center)

Fadia Mola (MA)

Faith Gillis (Receptionist)

Giuseppe Sferraza (MRI Technician)

Jean Munze (Lab Assistant)

Jessica Kemp (Executive Assistant)

Juan Ballester (Chemo Pharmacy Technician)

Juliana Devtio (LPN)

Julianne Robbins (RN)

(Per Diem Ultrasound Tech)

Kimberly Brady-Marder (LPN)

Larisa Johnson (Histology Technician) Lauren Schultz (Urologist) Lona Lello (Call Center) Marissa Fromwiller (Patient Navigator)

Melissa Lorenzoni (LPN)

Michele Gattus (Receptionist)

Michael Rosen (Physician)

Megan Lopez (RN)

Pete Forman (PA)

Pollytia Panagiotou (Physician)

Robert Vasia (Lab Tech)

Ragyei Stephenson (MA)

Racquel Lewis (LPN)

Sean Harford (VP NY Health)

Sindy Pulido (Patient Communications Operator)

Tashana Higgins (Head RN)

Veronica Karris (Triage RN)

Wendy Alvarez (Receptionist)

Yoandri Herrera (RN)

Open Positions

CAT SCAN (CT) TECHNOLOGIST Port Jefferson Station Medical Oncology Contact: Robert Nicoletti rnicoletti@nycancer.com

CHIEF OF HEMATOLOGY/ONCOLOGY for Academic Center in Brooklyn Hospital Contact: Eric Jackson eric.jackson@oneoncology.com

FISH TECHNICIAN SUPERVISOR Fluorescence in situ hybridization (FISH) Port Jefferson Medical Oncology Contact: Robert Nicoletti rnicoletti@nycancer.com

FLOW TECHNICIAN

Port Jefferson Station Medical Oncology Contact: Robert Nicoletti rnicoletti@nycancer.com

LICENSED PRACTICAL NURSES (LPN) Contact: Robert Nicoletti rnicoletti@nycancer.com

LICENSED PRACTICAL NURSES (LPN) Contact: Robert Nicoletti rnicoletti@nycancer.com

MEDICAL ASSISTANTS Contact: Robert Nicoletti rnicoletti@nycancer.com

MEDICAL FRONT DESK RECEPTIONIST Contact: Robert Nicoletti rnicoletti@nycancer.com



MEDICAL LABORATORY TECHNOLOGIST - PM SHIFT Patchogue Medical Oncology Contact: Andrea Kinstler akinstler@nycancer.com

NURSE PRACTITIONERS (NP) / PHYSICIAN'S ASSISTANTS (PA) Contact: Robert Nicoletti rnicoletti@nycancer.com

PET/CT SCANNER (Full Time/Part Time/Per Diem) Contact: Robert Nicoletti rnicoletti@nycancer.com

REGISTERED NURSES (BSN/RN's) Contact: Julia Harwood jharwood@nycancer.com

RESEARCH COORDINATOR 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

ULTRASOUND TECHNICIAN With Vascular Certification Contact: Robert Nicoletti rnicoletti@nycancer.com

Search our current job listings to see if there is a career at NYCBS waiting for you! Please visit **nycancer.com/careers**

Social Work

Community **Events**

Suicide is a health crisis and one of the leading causes of preventable death in our nation.

National Suicide Prevention Month is an annual campaign to raise awareness and advocate for suicide prevention while educating on the risk factors and warning signs.

Now more than ever, mental health issues have increased with the fear and uncertainty of the COVID-19 pandemic. Many developed new stressors and were removed of the resources they traditionally used to cope. Suicide is preventable, and we all have a part to play.

There are many coping strategies such as exercise or relaxation techniques that a mental expert like a psychologist or social worker can recommend.

Whether you have struggled with suicide yourself or have lost a loved one, know you are not alone. The key to prevention is recognizing the warning signs.

WARNING SIGNS:

- Talking about wanting to die
- Talking about being a burden to others
- Looking for a way to kill oneself
- Talking about having no reason to live
- Giving away prized possessions
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Increasing the use of alcohol or drugs
- Showing rage or seeking revenge
- Displaying extreme mood swings
- Exhibiting daring or risk-taking behaviors • Showing a lack of interest in future plans Don't be afraid to seek help when you need it or approach someone who is struggling.

Ask - Don't hesitate to ask someone if they are having suicidal thoughts.

Listen - The easiest way to show you care is by engaging in a conversation and being a friend.

Stay - Stay with them until they are in a safe place with another caring person.

Secure - Remove any objects you believe could cause self-harm.

Call - Call the National Suicide Prevention Lifeline at 1-800-273-8255 and follow their quidance.

If danger for self-harm seems immediate, call 911. The National Suicide Prevention Lifeline is a national network of local crisis centers that provides free and confidential emotional support to people in suicidal crisis or emotional distress 24 hours a day, 7 days a week.







Patient Appreciation Day - October 16th





Patient Community Meetings Resume - October 21st

Scheduled to continue as usual on the 3rd Wednesday of each month from 6-7 pm.

Refreshments are served and family members are welcome!

NOTE: Meetings are subject to change due to certain circumstances such as holidays, or weather.

LOCATION: 1500 Route 112, Building 4 Port Jefferson Station, NY 11776

> We hope you can join us for our **Annual Patient Appreciation Day!**



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.**