Lives Touched, Lives Celebrated

-by Pat Battaglia

The effects of breast cancer are far-reaching and touch the lives of everyone involved – those who have been diagnosed as well as their families, friends, caregivers, and health care providers. No matter how one’s life may have been affected by the disease, it is a difficult road to walk. But it’s a road that never needs to be walked alone.

We at the Coalition offer support, education, and advocacy for those diagnosed. But we never lose sight of the reasons for doing these things: the individual lives that have been disrupted in lasting ways. Still, there is healing to be found in the midst of such hardship, and much of that healing takes place in the companionship of those whose lives have been similarly touched. So every...
With the dawning of a new year, the Coalition is excitedly preparing for what is lovingly referred to as “The Big Move”. After more than twelve years at our home on the corner of Elton Street and University Avenue, we elected to not renew our lease due to the increasing parking challenges at this location. Reports of potential visitors who had circled the surrounding block (or two or three blocks) before finally giving up and driving off were discouraging to an organization that strives to make life in the aftermath of breast and/or gynecological cancers a bit easier. Easier certainly includes access to parking, which will be plentiful at our new home! As we have continued to hear from many of you, the end of our lease could not have come soon enough. Thank you for your grace and your patience!

So it must be official: the familiar Warrior-Horse-on-Parade that has stood outside our Center since 2007 has paraded to new grazing ground just up the street; to our new digs at 1048 University Avenue.

In addition to gaining easier access for our clients, this move will enable us to offer an expansion of our popular Healing Arts Initiative. Our deep appreciation goes to the Greater Rochester Health Foundation for funding that allows us to finally offer sessions of our most beloved healing arts programs in the daytime and during the week. Read more about the expanded offerings on pages 10 through 12.

It is no surprise to us that “The Big Move” comes with associated costs, which are quite frightening during the current uncertain financial times facing all nonprofit organizations. I want to take this opportunity to thank, in a big way, those of you who have responded to our Annual Fund mailing, now in full swing after having been kicked off with the design of a beautiful sunflower card by Susan Meynadasy, our talented Graphics Coordinator. These cards were mailed to each of you along with a donation envelope hoping to inspire those able to give. Your gifts will allow us to offer the best possible programming at the Coalition. The Annual Fund Chair, Aria Camaione-Lind, is already reporting many generous responses. Won’t you join the others if you haven’t already contributed?

As we nestle into our new home, you will notice that many of the same well-loved furnishings from the old location have come along with us. We take our responsibility to our donors very seriously and avoid unnecessary expenditures at all times. Thanks to our “Warrior Wall” donors at this year’s ARTrageous Affair, the record amount received will fund almost all of the necessary replacements or additional items needed.

During this season of reflection, gratitude and giving, we are grateful to all of YOU for remembering the Breast Cancer Coalition. We look forward to continued exemplary service, programs, advocacy and community collaborations in the coming year!
Anyone who has ever had medical treatment has been cared for by a nurse. Along with the deep compassion that is the hallmark of their occupation, nurses are highly educated and knowledgeable resources for patients navigating difficult questions and uncertain times. But what happens when a nurse is faced with a life altering diagnosis?

Wendy Spong has been an OBGYN nurse for 40 years; 30 of those years have been spent working in doctors’ offices. This busy health care provider scheduled her screening mammograms every two or three years. As someone with very dense breast tissue, which can present imaging difficulties, the necessary precaution of occasional post-mammography call-backs to drain benign cysts didn't faze her.

Then, in December of 2011, Wendy faced a minor medical issue that brought to the forefront other health care follow-ups and screenings that were overdue. She called her radiologist’s office and scheduled her mammogram in late January of 2012, but came close to cancelling it when she learned it had been one year since her last mammogram. She felt she could wait another year or two.

“I have no idea why I didn’t cancel,” Wendy reflects. As she was leaving the mammography room, she caught a glimpse of the images on the screen. “I thought ‘Oh, there’s no cyst, everything looks fine.’”

The following Monday morning, Wendy was at work when she received a call from the radiologist’s office asking her to return for more imaging. The next day, she underwent another mammogram and an ultrasound. Familiar with these procedures, Wendy became concerned when the technician focused on an area of concern. “Are you looking for something suspicious?” she asked. During a subsequent biopsy, Wendy continued her questioning: “What do you think?” she asked the radiologist. “I really think it’s suspicious for malignancy,” was the answer. But it would take a day for the results to be verified.

“Don’t give me the results at work” Wendy requested. “I’ll be home after one.” But at noon, she was paged to the office phone. “I need to talk to you now,” said the radiologist, who confirmed Wendy’s worst fears; she had been diagnosed with breast cancer.

“Then I went into ‘nurse mode,’” Wendy recalls. She acted quickly because “…that’s what nurses do. They take care of things.” She headed toward the offices of the doctors in her practice, entered the first occupied office she found, and closed the door behind her. The words came spilling out: “I want you to know that I just found out I have a positive biopsy.” The words came out before she could finish them.

“A good head and a good heart are always a formidable combination.”
-Nelson Mandela

Wendy quickly scheduled a Breast Cancer 101 (BC101) session at the Coalition shortly after a surgical consultation where a number of options had been presented. “It was so amazing to me to have access to BC101,” she acknowledges. Wendy’s husband, Tom, accompanied her to this session and found it reassuring and informative as well.

A co-worker had suggested seeking a second surgical opinion, a thought that was reinforced by Wendy’s BC101 experience. By this time, she had done a fair amount of research and soul-searching. At the second consultation, the surgeon asked “What are your thoughts? What do you want to do?” Having considered her dense breast tissue and the many post-mammography call-backs, Wendy opted for a bilateral mastectomy. The surgeon agreed with this choice, then introduced the topic of reconstruction.

“I hadn’t really thought about it” Wendy recalls, “but felt she would like to consult a plastic surgeon. The doctor left the room and returned ten minutes later with an appointment slip in his hand. Wendy had just enough time for a quick lunch before heading to this next consultation.

“Once I made the decision, I didn’t second guess it at all,” Wendy recalls. Her bilateral mastectomy was in March of 2012, with reconstruction at the same time. Afterward, the pathology report showed the cancer had been entirely removed and no lymph nodes were involved. Wendy then considered a recommendation for radiation therapy. She did her research and consulted with other doctors who felt that this type of...
Have you ever agreed to undertake a major project either at home or work? Then you quickly discover that bringing it to fruition can be a challenging task. This is what advocates working for safe access to medical marijuana have learned since the bill’s passage in June of 2014. Implementation of the new law is now in the hands of the state Department of Health headed by Acting Commissioner, Dr. Howard Zucker. There are many components to address: training physicians, patient registration and setting up growers and dispensaries lead the list. All involved agree that this has to be done correctly, but the time needed continues to be a major concern for parents of children with Dravet’s Syndrome and other forms of epilepsy that don’t respond to traditional medications. Critically ill patients who do not find relief from pain or anti-nausea medications are another example of those who need this medication now.

How do we implement emergency access to medical cannabis for those truly in need without compromising the integrity of the legislation?

Possible answers to this question include expanding a current study to include children on a compassionate use basis. A request has been made to the US Department of Justice to offer legal protection to registered patients who bring marijuana oil into New York from other states. This action has received the support of our state senators, Chuck Schumer and Kirsten Gillibrand. There is hope, but there are many local and federal agencies to coordinate before emergency access can happen.

The Department of Health has posted a draft of their proposed regulations on their website in December, followed by a public comment period. Please visit their webpage to learn about the proposals and submit your own questions and concerns: http://www.health.ny.gov/regulations/medical_marijuana/.

Advocates from across the state will continue on a regular basis to meet, discuss and ask questions of the DOH and Governor’s Cuomo’s office. We are not decision makers; we are concerned citizens with a voice. We want our officials and the public to understand the challenges faced by a very small but desperately ill percentage of the population. We want this legislation to be the act of compassion these residents need.

A Summer Well Spent: Studying Chemical Exposures in the Rochester Community -By Asia Wang, Intern

It’s been a great summer with the Breast Cancer Coalition of Rochester working on environmental exposure education. The project is now wrapping up. The “Chemical Education for Cancer Prevention” project, funded by the New York State Pollution Prevention Institute (NYSP2I), set out with two goals in mind. The first was to evaluate the effectiveness of the Breast Cancer and Environmental Research Programs’ (BCERP) chemical exposure brochure on phthalates and bisphenol A (BPA) in the Rochester community.

We distributed over 1,000 BCERP brochures to the Rochester community during community outreach events, such as the Monroe Community College Women’s Health Expo and the Park Ave Festival. The brochure helped explain adverse chemical exposure and ways readers could limit this exposure. Phthalates and BPA are endocrine disruptors that bind to estrogen receptors and may negatively affect hormone function. BPA is often used to manufacture plastics and found in some plastic bottles, plastic containers, and the lining of some cans. Phthalates can be found in some detergents, storage containers, toys, and personal care products. These exogenous agents disrupt the natural synthesis, secretion, transport, binding, action or elimination of natural hormones in the human body.

We distributed a survey to willing participants that gauged the reader’s knowledge and willingness to reduce breast cancer risks and chemical exposures. A total of 162 readers responded to the survey. From our surveys and feedback interaction, we concluded that the Rochester community was receptive of the BCERP brochure and the brochure is a beneficial step to educating the community on chemical exposures.

The second half of our summer project was to map workplaces at high risk of chemical exposures, specifically nail salons. Some nail polishes contain

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A Conversation with
Dr. Lori Medeiros, M.D.
- By Pat Battaglia

Since 2009, Lori Medeiros, MD, CM, FRCSC, FACS, has been the Medical Director of the Rochester General Hospital Breast Center. While maintaining a surgical practice that focuses primarily on the breast, Dr. Medeiros is a participant in the National Mastery of Breast Surgery Quality Assurance Program, an initiative of the American Society of Breast Surgeons. Under her leadership, the Rochester General Breast Center has become the first in New York State to be recognized as a Quality Breast Center of Excellence by the National Measures for Breast Centers Program from the National Consortium of Breast Centers, Inc.. Additionally, the Rochester General Mammography Unit is designated as a Breast Imaging Center of Excellence by the American College of Radiology. Dr. Medeiros graciously agreed to sit down with Holly Anderson and me to talk about the Center she directs.

Pat: What qualities of the Rochester General Hospital Breast Center do you feel have led to its being recognized at such a high level of excellence?

Dr. Medeiros: The big strength here is that we have a great group of dedicated providers. There is a nice community in Rochester of people both within and outside of the hospital who are committed to breast care. This is important because breast cancer has so much research behind it; it’s a quick moving field. If you’re not dedicated to it, it’s pretty hard to stay on top of the game.

There are very good relationships within the team. Once a month, we have a breast executive meeting with representatives of each of the disciplines where we talk about new challenges; anything we might do better; anything that could be streamlined; or if there are any new community resources for case management. I think the big strength of the program is the way everyone interacts, and the dedication that everyone has. It allows us to focus and enact quality measures that help prevent problems before they happen.

Once patients get to the survivorship phase, when they’re through with active treatment and going into surveillance, we try to minimize multiple follow-up visits and the co-pays that go with them. According to the guidelines, those with breast cancer have follow-up visits every three to six months. With surgeons, medical oncologists and radiation oncologists on the team, there has to be a plan. We work together to stagger visits so patients are seeing one doctor every three to six months.

Pat: It’s coordinated continuity of care throughout the process for the patient.

Dr. Medeiros: Yes, it’s that coordinated continuity of care, but also coordinated planning that is important. When we’re considering treatment, we offer the standard of care, but we also want to know if there’s something new on the horizon. For example, we have a weekly case management conference where we assess new and/or challenging cases in a multidisciplinary fashion. This allows us to combine our knowledge, discuss recent advances in the various fields, and discuss emerging strategies and clinical trials so patients can benefit from cutting edge advances as they happen, not just when they become mainstream.

Pat: What other avenues do you offer to women who wish to participate in clinical trials?

Dr. Medeiros: We participate in a lot of the multi-center trials. One of the trials we’re participating in now is studying OncotypeDX for women who are node positive. It’s an interesting study in that genetic profiling does seem to trump other diagnostic factors we’ve considered in terms of conventional chemotherapy for node negative women. It just hasn’t been expanded yet into node positive disease. But it makes sense. The biology of the disease is going to trump

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My husband Richard and I were fortunate to attend the Metastatic Breast Cancer Network’s 8th Annual Conference held this year in Chapel Hill, NC., where we joined many others from across the US, Canada and even Europe.

The participants were cancer patients, care-givers, doctors, nurses, representatives from drug companies, and members of service organizations. Everyone there was seeking knowledge or support to help themselves and others “live better, longer and stronger with metastatic breast cancer.”

We spent a large portion of three days immersed in workshops, plenary lectures, Q&A sessions, discussions and networking groups. From the introductory statements on, it was emphasized that metastatic breast cancer is not just one disease, but several variations, all with unique characteristics and treatments. A recent survey by Pfizer pointed out that while the general public is quite aware of the characteristics of early stage breast cancer, there is little understanding and many misconceptions about metastatic disease, which affects between 150,000-250,000 people in the US. While early stage cancer seems curable, approximately 20-30% of women with early breast cancer will eventually develop metastatic disease in spite of proper treatment. About 6-10% of patients present with metastatic disease at the initial diagnosis, and this is known as stage IV breast cancer. Metastatic disease is diagnosed when the breast cancer spreads to other places in the body, such as lungs, liver, bones or brain. This is currently treatable, but not curable. Statistically, the median survival period after a diagnosis of metastatic breast cancer is approximately three years, but this varies widely.

The mantra of the conference was: “Stage Four, Needs More.” More money is needed for more research. Everyone was encouraged to be self-advocates and contact their Congressional representatives with their concerns. Only 7% of breast cancer research funding is being spent on metastatic disease, despite the fact that it is, at this time, un-curable. New therapies are on the horizon, but are not fully approved yet. Understanding of the genomics of breast cancer will also enhance our understanding of how other cancers develop and can help us learn more about cancer in general.

We learned of the newly formed Metastatic Breast Cancer Alliance, a group of 29 organizations that have come together. The MBC Alliance defines its mission as “unifying the efforts of its members to improve the lives of and outcomes for those living with metastatic breast cancer and their families through increasing awareness and education about the disease and advancing policy and strategic coordination of research funding specifically focused on metastasis that has the potential to extend life, enhance quality of life, and ultimately to cure.” The Alliance’s tagline is “Together we are stronger than the disease.”

It would be impossible to even scratch the surface of the material that was presented during the conference. There were presentations on a wide range of topics such as “The Genetics of Breast Cancer”, “Living Well with Advanced Disease”, “Nutrition and Complimentary Medicine”, “The next 5 years with MBC”, and “Clinical Trials”. We heard from some individual patients and attended break-out sessions on different types of disease such as hormone positive, HER2 positive, triple negative, and bone or brain metastases. There were opportunities to meet with others, addressing the needs of newly diagnosed, young mothers, older women, African American women, or caregivers. There were workshops on surgery, radiology, treatment side-effects, and insurance. In short, there was something specific for each attendee.

The web site www.mbcn.org is an excellent resource for more detailed information. ♦

SAVE THE DATE!
The Advanced Breast Cancer Seminar on April 24, 2015
tumor anatomy in terms of how these women are going to do.

We have another study looking at OncotypeDCIS. This looks at the recurrence score for women with DCIS to find out who will benefit from radiation therapy. There's a lot of controversy about radiation for very small tumors that are completely excised and are low grade. We are looking at that.

We tend to be pretty patient focused. We look for trials that will have an impact; that will bring something additional into the mix.

Holly: Dawn Riedy, your Chief of Pathology, has spoken on “Understanding Your Pathology Report” at a few of our evening seminars.

Dr. Medeiros: Dawn is wonderful. Our whole pathology department is great. Most people don't feel the need to see their slides, but occasionally someone does. It can help to be able to see them; it can make things easier to understand.

Pat: I've read that your Nurse Navigator program is unique to the region. In what ways is it unique?

Dr. Medeiros: Our Breast Navigator is Andrea Calloway, who's trained and is a breast cancer survivor herself. When she started, I had her rotate through each of the disciplines for a few weeks. She saw firsthand how you do things like a stereotactic biopsy and what's involved with the wire localization. In that way, she has been able to experience the different journeys that women go through during this process. So when somebody says “I'm having a stereotactic biopsy, what does that mean?” she's able to give some real feedback.

Andrea's really evolved in the role. She's taken a lot of ownership in terms of going out and interacting with the community. It's her personal experience, the way she was trained, and also her commitment to the role. Women sense that. There's a different comfort level.

Pat: One of the hot topics at the Brown Bag table recently has been the role of genetic counseling and genetic testing. For someone newly diagnosed with breast cancer, what would you advise if they brought up the subject?

Dr. Medeiros: Currently, insurance will cover genetic testing in certain conditions. They're high risk situations - usually premenopausal women, those with a strong family history of breast cancer, certain cases of triple negative breast cancer, or there may be a family history of other cancers like ovarian cancer. And there are other syndromes that go along with breast cancer. I think it's important to be aware of not just the breast, but also those other syndromes, because when you have all of that together, you can paint a picture that you have a family history that's suspicious for x, y, or z.

Holly: When someone has a diagnosis of cancer, they're frightened, they're trying to figure this out. One of the things we try to communicate is that we don't know what causes breast cancer.

Dr. Medeiros: I hear that all the time: “How can I get breast cancer, because I take care of myself?” They're very angry about that. And conversely, women who haven't had the best diet might say “I got breast cancer because I eat too much sugar.” It's important to understand that risk factors are just that: risks. Understanding is important because we have the power to modify some risks. Awareness of family history can allow for things like genetic testing, good nutrition, not smoking, etc.

It's important to be mindful that breast cancer can still happen even without a family history and even if you do everything right. It's no different than saying that following the speed limit means you'll never get into an accident. It's also important for caregivers to understand that immediately after a diagnosis is not the time to try to change a lifetime worth of habits.

My dad died of gastric cancer when I was 20. My brother got lymphoma at age 32. I've seen this from all angles, and people truly want to be helpful. If you get cancer, chances are someone will give you a book on diet.

What I usually tell people who want better nutrition is “Let's get you through your treatment first.” In six or eight months, patients will be through the worst of it. What will happen in six months with diet is minimal. Afterward, if people want to talk about overall lifestyle change, that's fine. Lifestyle change is a lot of added stress at a time that's already stressful enough. So in the short term, focus on keeping your routine as close to normal as you can, and understand that the acute treatments, while stressful, are temporary. Then, by all means, get out and exercise and eat well. And above all, enjoy life.
Breast Reconstruction  - By Alison Currie

Here in the Rochester region, we are very fortunate to have excellent medical resources. The cooperative nature and integrated therapy approach of surgical and oncological specialists help inform breast cancer patients to make the best possible decisions for their individualized care and treatment. Patients facing a mastectomy or lumpectomy are typically educated about breast reconstruction options and referred to a plastic surgeon for further consultation. Federal and state laws require insurance companies to pay for all or part of the cost of breast reconstruction at any time after removal of a patient’s breast tissue.

Organizations like the American Society of Plastic Surgeons (1) and Johns Hopkins University (2), describe reconstruction surgery as follows:

Breast reconstruction is achieved through a variety of plastic surgery techniques that restore a breast to near normal shape, appearance, and size. The decision to have breast reconstruction is extremely personal. The patient must weigh the benefits and risks, set their goals, and determine if they can be achieved. Two surgical options are typically presented:

- The insertion of implants made from silicone, saline, or a combination thereof underneath the chest muscle.
- The creation of a new breast using flap reconstruction by transplanting tissue from another part of the body (the abdomen, back, buttocks, or thighs) and establishing a blood supply for the transplanted tissue.

Healing takes several weeks and patients should follow their plastic surgeon’s instructions and attend all scheduled follow-ups.

The following statements are representative of my experiences during reconstruction discussions and information sessions (bold type added for emphasis):

- “Women with breast cancer have two main considerations when considering reconstructive breast surgery—when to have surgery and what type of surgery to have.”
- “The creation of a new breast can dramatically improve your self-image, self-confidence and quality of life.”
- “There are trade-offs, but most women feel these are small compared to the large improvement in their quality of life and the ability to look and feel whole.”

As someone who elected to forgo breast reconstruction surgery, I find the above statements somewhat disingenuous. They fail to identify a third viable option: choose not to have reconstruction.

As a marathon runner and triathlete, I chose to avoid any additional surgery that could possibly interfere with my normal activities. After experiencing an infected medi-port and other unanticipated complications during my treatment, I was done. There was no way that I was opting for additional surgery, hospital time, doctor visits, and procedures. My family fully supported this decision. Taking a cue from a couple of fellow “au naturel” survivors, I purchased prostheses from a local mastectomy boutique. The joke is that the pair should be dubbed “Thelma and Louise.” My prescription specified “Use as directed.” and that’s what

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Ten Facts on Gynecological Cancer

-By Pat Battaglia

1. Gynecological cancer is the term for any malignancy of the female reproductive tract, including the cervix, endometrium, fallopian tubes, ovaries, uterus, vagina, and vulva. Although not part of the reproductive system, the peritoneum is included in this category because it is a close relative of ovarian cancer.

2. Not all symptoms of these diseases are gynecological in nature. Many early signs - such as bloating, abdominal pressure and/or pain, lower back pressure and/or pain, difficulty eating and feeling full quickly, and changes in bowel and bladder habits - are gastrointestinal and common to many noncancerous conditions. Any persistent change in your body should be brought to the attention of your medical care providers.

3. Gynecological symptoms can include abnormal vaginal bleeding or discharge (especially after menopause), and vaginal or vulvar itching and/or burning.

4. Cervical cancer is the only gynecological cancer that is preventable through routine screening - the Pap test.

5. Uterine cancers fall into two major categories:
   - Uterine adenocarcinoma is more commonly known as endometrial cancer because it begins in the endometrium, the tissue that lines the uterus. This type accounts for more than 80% of uterine cancers.
   - Uterine sarcoma is a rare cancer that develops in the uterine muscle. These comprise about 2-4% of uterine cancers and are treated differently than adenocarcinomas.

6. Vaginal cancers are also rare, accounting for about one percent of all gynecological cancer diagnoses. There are four types of vaginal cancer: squamous cell is the most common type, followed by adenocarcinoma, clear cell adenocarcinoma (which occurs in 1 in 1,000 women whose mothers have taken DES), and melanoma.

7. Vulvar cancer accounts for about 4% of gynecological cancer diagnoses. Symptoms such as abnormal bleeding, itching, burning, and pain are common to many other conditions, but should be followed up with a medical care provider as a precaution.

8. Fallopian tube cancer is relatively rare, comprising about 1% of gynecological cancer diagnoses. However, as it is closely related to ovarian cancer, some feel that these numbers may be misleading and this disease could be more common than previously thought. Early symptoms are similar to both ovarian and primary peritoneal cancers.

9. Primary peritoneal cancer affects the peritoneum, the membrane that covers the organs of the abdominal cavity. The symptoms of this relatively rare disease mimic ovarian cancer, and it is also connected with the BRCA I and II genes. While most peritoneal cancers occur in women, men are affected as well.

10. Many of the support and wellness programs offered by the Coalition are open to those who have been diagnosed with gynecological cancers. Whether you’re currently in treatment or have moved beyond that phase, turn to pages 10 and 11 to learn more.

Sources:
www.cancer.net/cancer-types
www.ocrf.org
http://www.foundationsforwomenscancer.org/types-of-gynecologic-cancers
www.mayoclinic.org/diseases-conditions
Our Programs at the Breast Cancer Coalition of Rochester... all FREE of charge!

**BC 101**
These one-to-one sessions assist the newly diagnosed in managing the complex tasks and emotions of a breast cancer diagnosis, empowering them to be self-advocates as they proceed through treatment, recovery, and survivorship. Our professional facilitators provide a safe, comfortable atmosphere where information can be absorbed and assimilated while each individual formulates a personal strategy for coping with the diagnosis.

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**Tuesday Night Breast Cancer Support Group**
This discussion-based group, led by Joan Mitchell, meets on the 2nd and 4th Tuesday evenings of each month from 5:30-7:00pm. Join others coping with breast cancer, share your experiences, and lend your support. No registration is required.

**Thursday Night Breast Cancer Support Group**
This discussion-based group, led by Peg DeBaise, LMFT, meets on the 1st and 3rd Thursday of the month from 5:30-7:00pm. This group is perfect for those who are newly diagnosed with breast cancer, or for those within the first two years following the end of treatment. No registration is required.

**Brown Bag Fridays**
Any given Friday at noon finds a group of survivors of breast or gynecologic cancer conversing over anything from making treatment decisions to hair loss and funky re-growth...from the latest clinical trials to our own locally-funded research initiative...from prosthetics to bathing suits...and on and on. Feel free to drop in for this non-traditional support group. Bring your lunch and we will provide delectable desserts.

**Book Club**
If a traditional support group isn’t for you but you still like the idea of participating in a supportive community following a breast or gynecologic cancer diagnosis, join our Book Club, led by Carol Moldt, Jill Richards, Angelique Stevens and Karen VanMeenen, which meets on the 4th Thursday of the month, from 6:00-8:00pm. Prior sign-up is required. Call us or visit us at www.bccr.org for details and latest book selections.

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**Common Ground: Living with Metastatic Cancer Discussion Group**
For those living with metastatic breast or gynecologic cancers, we offer a discussion group on the 1st and 3rd Thursdays of the month at noon.* Led by Peg DeBaise, LMFT, the discussion is topic-based, although all concerns of those present will be addressed. Lunch and beverages are provided so RSVP is needed.

*January meetings will be the 8th and 22nd.

**The Lymphedema Awareness Network of Rochester (LANROC)**
LANROC provides awareness, education, and peer support for anyone living with lymphedema. Caregivers, lymphedema therapists, medical personnel, and those at risk for developing lymphedema are also welcome. This group, facilitated by Karen Miltner, meets from 5:30 to 7:00pm on the second Wednesday of each month.
For more information or to register for our programs, please call the Coalition at (585) 473-8177.

**Peer Advocates Lending Support: PALS**

In this peer mentoring program, individual breast cancer survivors reach out to those who are new to the disease, providing the reassurance of one-to-one contact with someone who’s “been there”, helping them connect with needed resources, and instilling confidence during a difficult time. Please call to learn how to be enrolled in the program after your own diagnosis, or if you would like to become involved as a mentor.

*See page 13 for PALS Program updates.*

**Voices & Vision:**

**A Writing Workshop**

This well-loved group gives people with breast or gynecologic cancer an opportunity to explore and express their feelings through writing. Led by professional instructors: Elizabeth Johnston, Pamela Emigh Murphy, Angelique Stevens and Karen VanMeenen, these workshops run in five week cycles on Tuesday evenings. Seating is limited, and advance registration is required.

**The Healing Arts Initiative**

*This initiative is an opportunity to learn a new modality or practice a complimentary healing course to relax, de-stress, and exercise.*

**Gentle Yoga**

A popular program taught by Susan Meynadasy, a registered yoga trainer, is offered on Monday evenings and Tuesday mornings and afternoons. Limited to 14 survivors of breast or gynecologic cancer, these classes run in six week sessions. Advance registration is required.

**Qi Gong**

Now offered on Wednesday afternoons in six week sessions throughout the year. Qi Gong is facilitated by certified instructor, Raphaela McCormack. This class is limited to 14 survivors of breast or gynecologic cancer. Advance registration is required.

**Ongoing Healing Arts Sessions**

Courses run in four-week sessions and are open to 14 survivors of breast or gynecologic cancer. Advance registration is required.

**Saturdays:**

- Gentle Yoga with Raksha Elmer
- Nia Movement with Jane Pagano
- Fluid Motion with Tracey Boccia
- Tai Chi with Nancy Gillespie
- Art Therapy with Joyce Kliman [NEW!]

**Thursdays:**

- Meditation with Estalyn Walcoff [NEW!]

*The expansion of the Healing Arts Initiative was made possible by The Greater Rochester Health Foundation.*
Welcome to a new year in our new home!

Here at the Coalition, we are thrilled to announce additional healing arts classes for our 2015 calendar. One of these exciting new classes is meditation.

Meditation has many health and quality-of-life benefits, specifically for cancer survivors. The National Institutes of Health (NIH) National Center for Complementary and Alternative Medicine reports that regular meditation can reduce:
- chronic pain
- anxiety
- high blood pressure
- insomnia
- cholesterol
- blood cortisol levels that are increased by stress (“stress hormones”)

Regular meditation can improve:
- mood
- immune function
- fertility
- mental efficiency and alertness
- relaxation

Meditation has been practiced in many forms throughout the world for thousands of years and through all religions. One commonly practiced type is mindfulness meditation, in which sensations, perceptions, and thoughts are observed without judgment as they arise. Transcendental Meditation involves repeating a word or phrase, called a mantra, either silently or aloud. Other types of meditation focus one’s attention through walking or visualizing. Meditation can be self-directed, or guided by doctors, psychiatrists, other mental health professionals, or yoga masters. It can also be guided by masters from different schools of meditation, such as Zen, Tibetan, or Transcendental Meditation. Today, universities and continuing education programs provide training in behavioral medicine, including meditation. Some major medical centers and local hospitals offer meditation as a form of behavioral medicine.

The ultimate goal of meditation is to be more in touch with ourselves by creating mental separation from the outside world. The strategy is to suspend the flow of thoughts that enter one’s mind and concentrate on a point of focus. Our facilitator, Estalyn Walcoff, will introduce participants to mindfulness meditation in her Thursday afternoon class at the Coalition. She recommends one session of 1-2 minutes a day for beginners, or one 20 minute session a day for two months in order to see significant changes.

Estalyn, a mental health consultant, coach, educator, nurse practitioner and writer, is thrilled to offer Meditation to our community of survivors. She holds degrees from Cornell University, University of Rochester and Union Institute. After her cancer diagnosis eight years ago, Estalyn became seriously involved in daily meditation practice. She has made a concerted effort to learn everything about meditation and its benefits for cancer survivors and humanity in general. She incorporates it as much as possible when working with clients. Among her teachers are Rochester physician Mick Krasner, M.D. of Kriya Yoga Institute, Sylvia Boorstein of Spirit Rock, Sharon Salzburg of The Insight Meditation Society, Mindful Schools, and Welcome to a new year in our new home!

“Feelings come and go like clouds in a windy sky. Conscious breathing is my anchor.” -Thich Nhat Hanh

Jon Kabat-Zinn.

Estalyn states, “The practice of meditation can bring about changes in the brain to make us more tranquil, hopeful and optimistic. It can show us how to be centered in the midst of turmoil. It can open our hearts. This has certainly been true in my life and it is an honor to be able to share this potentially life-changing practice with survivors.”

Source: http://www.cancer.org/treatment/treatmentsandsideeffects/complementaryandalternativemedicine/mindbodyandspirit/meditation

To learn more about our support programs and the information available at BCCR, please contact Laura at 585-473-8177 or laura@bccr.org

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Please send us your information for our mailing list so that we can offer e-mail news as well as print news.
Send your information (full address or just your other details) to Laura Albert at laura@bccr.org

Thanks!
During these winter days with their few precious hours of daylight, I’m reminded of our PALS Mentors, and the bright lights they have been to those newly diagnosed with breast cancer. After the initial shock of receiving this diagnosis, taking those first tentative steps into this unknown territory requires a sense of trust that the treatment process will lead to better things. Those who have already walked a similar path are in a perfect position to nurture that confidence. Some who are newly diagnosed with this disease will have strong support systems among their families and friends; others go it alone or with minimal support. Wherever a person may lie on the spectrum of support, most derive great benefit and reassurance from conversations with others who have “been there”.

Our PALS mentors put themselves on the line for others by offering a listening ear and sharing the lessons they’ve learned during their own walk with breast cancer. Fortunately, the advantages of the mentor-mentee relationship are balanced on both sides of the equation. Mentors have shared with me how helpful the experience was for them - how much it meant to be in a position to help another human being. While deriving some satisfaction from the arrangement isn’t a motive for becoming a mentor, it is a welcome side benefit.

Once a year, we hold a training session for new mentors. These half-day workshops cover a wide range of topics, and we work to continually refine and update them. For instance, our last session covered topics such as the role of a mentor, how to approach a newly diagnosed person, the basics of breast cancer, and available resources for the newly diagnosed or those in treatment. We also had some fun with role-playing to “try on” the role of a peer mentor.

The next mentor training session will be held in early 2015.

Since the PALS Program began in 2008, having the support of a peer mentor has become an integral part of the experience for many of the newly diagnosed women, and a few men as well, who have turned to the Coalition. The feedback from participants has been gratifying. If you have a history of breast cancer and are able to make the time commitment to talk with others who are newly diagnosed or in the midst of treatment, drawing on your own experience as you offer unconditional support and acceptance to someone who is struggling with similar decisions, similar uncertainties, similar questions as those you’ve faced, consider becoming a PALS Mentor.

Please email pat@bccr.org with questions you may have about mentoring. ☞
Dry cleaning, in fact, is not at all “dry”. The term refers to using solvents to remove stains and odors from delicate clothing items instead of using a water-based agent. In the past, most dry cleaning solvents were petroleum based, had a strong odor, and tended to be highly flammable.

Historically, the agent used in US cleaning operations is called PERC. An organic, synthetically produced, odoriferous, relatively inexpensive substance that can be used to clean all types of garments effectively, PERC is short for Perchloroethylene. Unfortunately, despite the reassuring-sounding “organic” aspect of this chemical, PERC is officially classified as a “probable human carcinogen” and a “suspected developmental, gastrointestinal, kidney, reproductive, respiratory, and skin or sense organ toxicant” by the International Agency for Research on Cancer as well as most other agencies responsible for protecting human health.

In addition to presenting hazards to people who work in these shops or bring home freshly cleaned clothing, PERC (and its replacements) can enter the body through skin exposure, our water supply, inhalation of residual fumes, and through soil contamination that can happen during the cleaning, purification, and waste disposal parts of the dry cleaning process.

It is helpful to understand the nature of the term “organic”, which is regulated only within the food industry. Referring to the chemical definition, organic simply means that something contains a carbon molecule. PERC meets the definition of organic, and cleaners are able to use the terms in advertising without further explanation. While terms such as “organic”, “environmentally friendly”, “green”, and “non-toxic” may sound healthy, they are not a guarantee of safety.

Since New York State has the second highest number of garment cleaning facilities in the country (behind only California), the public effect of this substance is a matter of significant concern. Additionally, because so many dry cleaning facilities are located on the street level of apartment buildings or are part of strip mall development, many adjacent workers and residents are subjected to increased levels of the chemicals and may have exposure levels similar to the facilities’ workers.

The use of PERC is becoming less common as consumer savvy and employer concern for workers’ safety increase. California is one of the states that have taken legislative action, and will phase out PERC entirely by 2023. Since safer methods require costly new equipment, financial incentives are offered to businesses who make the switch sooner.

To meet consumer demand for less toxic methods, several manufacturers have created new compounds in an effort to reduce the health and environmental impact of dry cleaning. Many of these substances, while an improvement over PERC, still present significant dilemmas.

Some producers are offering Hydrocarbon formulations, such as Exxon-Mobil’s DF-2000. These substances, however, still utilize highly flammable VOCs which contribute to the formation of ozone, presenting the well-known problems of respiratory irritation and exacerbation of asthma.

Other methods use a silicone based solvent, and while they eliminate the flammability concern, health effects are at
this point unknown and controversial. One such solvent is GreenEarth’s Siloxane D₅. Similar ingredients are found in many deodorants and shaving products. Since D₅ ultimately degrades into sand, water, and carbon dioxide, there are fewer environmental concerns. Unfortunately, it requires the use of chlorine in the manufacturing process, raising concerns related to the release of carcinogenic dioxin.

Another approach is to use glycol ethers such as Rynex. These are known to be biodegradable volatile organic solvents, with a relatively low volatility and a much higher flash point, making it a much safer in some aspects for workers. According to the manufacturer, “…Rynex-3 is not regulated under California’s Proposition 65, the Clean Air Act, the Safe Drinking Water Act and is not a Hazardous Air Pollutant (HAP). The United States Environmental Protection Agency (US-EPA) does not require Rynex-3 or its waste to be classified as hazardous.” However, this classification only means that it is not considered to be an air pollutant; it may still have toxic effects on users.

Perhaps one of the most promising methods uses liquid carbon dioxide. CO₂ is a naturally occurring, non-flammable gas that becomes liquid when pressurized. Clothing is placed in a specialized machine which is then emptied of air. Injection of CO₂ gas and then liquid CO₂ results in a process that dissolves fats, oils, and dirt. No new CO₂ (a greenhouse gas) is produced, since there are companies that reclaim CO₂ from other manufacturing processes and then recycle it into the liquid form. At this point, there appear to be no significant human health risks associated with this method. There is no evidence that there is an increase in greenhouse gas emissions either. Good news!

Locally as well as nationally, cleaners are offering a “wet-cleaning” process, which relies on water in combination with special soaps and conditioners to offer the same professional, no-shrink, highly effective cleaning consumers have come to expect. While similar results could, in many cases be obtained with careful home hand washing, the computer-controlled machines can be programmed for variables such as fabric and staining. And because no toxins are used, there is no need for a multi-step solvent recovery and purification system. Ironically, the wastewater produced still represents less water use than “dry” cleaning methods.

However, processes using CO₂ and “wet cleaning” necessitate replacing machines at considerable cost to business owners. The CO₂ process, while inexpensive once in place, requires purchase of machines that may cost up to $50,000

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Verjus is a gourmet culinary ingredient made from unripe fruit, thus “green juice”.

The Finger Lakes Food Company is a collaboration of Tina and Eric Hazlitt (Sawmill Creek Vineyards). Their verjus, known as VERJOOZ, is made using green Cabernet Franc grapes.

Dubbed “Lime of the Vine” this product is local and sustainable. Using “Verjooz” adds a complex element to recipes that complements wine.

Verjooz, can be found in many area winery tasting rooms, Harts Local Grocers, the New York Wine and Culinary Center, and online at Verjooz.com.

**Verjooz-Thyme Bars**

This delicious appetizer (taste tested by Coalition staff) is both savory and sweet and pairs perfectly with wine

**Ingredients**

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<table>
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<tr>
<td>1 stick unsalted butter*</td>
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<tr>
<td>1 cup unbleached all-purpose flour</td>
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<tr>
<td>2 T. chopped fresh thyme</td>
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<tr>
<td>1/2 tsp. fine sea salt</td>
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<tr>
<td>1/2 cup powdered sugar</td>
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<tr>
<td>2 T. Verjooz</td>
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<tr>
<td>1/2 tsp. vanilla</td>
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<tr>
<td>* for a special twist substitute 2 oz. Finger Lakes Grapeseed Oil for 1/2 the butter</td>
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**Glaze:**

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<tr>
<td>2 T Verjooz</td>
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<tr>
<td>1/2 cup powdered sugar</td>
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- Preheat oven to 325 degrees.*
- Butter and flour an 8x8 glass baking dish.
- Combine flour, thyme and salt.
- Using a stand mixer, beat together the butter and powdered sugar on high speed until light and fluffy.
- Beat in the Verjooz and vanilla.
- Reduce speed to low and slowly add flour mixture.
- Using damp fingers press the dough into the prepared pan.
- Bake 30 minutes. Cool 30 minutes.
- Make Glaze: whisk 2 T. Verjooz with 1/2 cup powdered sugar until smooth.
- Pour over cooled crust.
- Allow to harden at room temperature for at least one hour.
- * Coalition staff used a metal baking pan, increasing oven temperature to 350 degrees and baking about 25 minutes.

**Winter Fruit Salad**

Make a low sugar simple syrup with 1 cup Verjooz, 1 cup water and 1/2 cup of sugar in a small saucepan. Add one vanilla bean (seeds scraped and added to the pan), 1 inch of ginger thinly sliced, peel of 1 lemon and 1 orange (removed in wide strips with a vegetable peeler). Bring to a boil, reduce heat and simmer 5 minutes. Remove and chill then strain.

Combine all of your favorite winter fruits. Add the simple syrup to taste. Enjoy!

2014 ARTrageous Affair

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A few of our wonderful volunteers from RIT

Left to Right Standing: Joseph Bucci Sr., Elaine Bucci, John Bucci, Marilyn Curley, Gene Curley
Left to Right Seated: Rebecca Bucci, Joseph Bucci Jr., Meghan Bucci, Mickey Mann, Steve Atterbury

Howie Jacobson saved the day with his expert auctioneer skills!

Marcie Lazio with her beautiful centerpiece created by Kittelbergers.

Patti Cataldi and Holly Anderson add the right spice to this live auction package!

Nita Brown & Dr. Walter Cooper
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Comprehensive Breast Care at Pluta.

Thank you once again to Glen Moscoe
Jewelers for providing the Pink Balloon
Grand Prize, and congratulations to
Terry Brueckner, the lucky winner of
the pair of stunning 18kt white gold
“J” shaped diamond pierced earrings.

Mistress of Ceremonies, Ginny Ryan,
and Auctioneer, Howie Jacobson,
courage the crowd to bid high on
an array of silent and live auction items.
The guests heard stories from those
touched in some way by a breast cancer
diagnosis; including honorary co-chairs
Melisande and Richard Bianchi, along
with this year’s award recipients: Senator
Joseph E. Robach, presented with the
Harriet Susskind-Rosenblum Advocate’s
Spirit Award; and Kitty Forbush, RN,
who received the Laurie Pask Heart &
Hands Award.

The charismatic Howie Jacobson kicked off the live auction with a lovely
“Mandevilla” Library Table, hand painted by Kathleen Rouvina-Oullette. The
live auction also included Buffalo Bills football and Buffalo Sabres/Rochester
Americans hockey packages; original artwork by Lorraine Stauch and Christine
and Paul Knoblauch; a Chef package; a Nantucket Trip for Two and a one-
week stay at “A Casa di Angela” in Sicily; a Wicker Wine Basket and Outdoor
Entertainment Stand filled with Finger Lakes wines and other goodies; and, back
by popular demand, the First Friday Faeries Sweet Treats, to be delivered each
month in 2015 to the infusion room staff at Pluta Cancer Center, generously
donated by top bidders, Glen and Karen Moscoe.

This year’s Warrior Auction, celebrating the breast cancer warriors among us,
raised a record-breaking $25,450, with guests raising their paddles to help fund
specific needs for our new office space.

Gap Mangione and his band entertained our guests and kept them moving on
the dance floor.

We hope you will consider joining us next year for another evening of celebration
and reflection at the 14th Annual ARTrageous Affair, to be held on Saturday,
September 26, 2015.

Marta Brewer & Sunny Venuto, popping the
pink balloon, hoping for the grand prize!

Lori and Moira McJury

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Outreach Coordinators' Update

“In every community, there is work to be done. In every nation, there are wounds to heal. In every heart, there is the power to do it.”

-Marianne Williamson

Lori Meath

The Outreach “arm” of the Breast Cancer Coalition functions on several different levels and is an evolving part of the organization.

Representatives of the Coalition attend summer festivals, employee health fairs, and other functions where large numbers of people gather. We are there to simply share information about WHO we are and WHAT we do in the Rochester region. Our hope is that if the person we are speaking with or someone close to them is ever diagnosed with breast cancer, they will remember that we are here and seek us out early in their journey so we can share knowledge and support when they’re most needed.

As Coordinator, I frequently attend community fundraising events. It is important to thank the individuals and groups who give of their time and money to support the mission of the Coalition. Also, it is an opportunity to acknowledge the commitment of our supporters to keep their donations local. Our presence at many of these functions enables us to encourage attendees to be savvy about their charitable donations and to be conscious of avoiding the “hype” that marks many charitable campaigns.

The Coalition provides education focusing not only on what happens after a diagnosis of cancer, but ways to be proactive in issues that may affect the development of cancer. This is a particularly exciting and challenging area of growth for us. There are many groups doing a fine job of educating about early detection, but this is not enough. We need to share updated knowledge and research about factors that may contribute to getting the disease and possible strategies for minimizing risks.

We are now utilizing many educational materials that focus on environmental toxins, healthy eating, and common sources of daily exposures to known and suspected endocrine disrupters and the role these factors play in our health.

Please consider joining the Coalition in taking this information to the public throughout the year. We can always use new volunteers, and would especially welcome people interested and passionate about these issues.
Research Administrator’s Update

On October 23, 2014, eight Research Committee members made the trip to the University of Rochester for a presentation and tour of the laboratories of Helene McMurray, PhD and Mark Noble, PhD. Co-recipients of a 2013-2014 $50,000 breast cancer research grant, their research focuses on “Selective Targeting of Breast Cancer Initiating Cells to Prevent Metastasis and Promote Long Term Survival.” Part of the Research Committee’s mission is to provide outreach and interface with researchers. By meeting the graduate student and post-doc candidate members of the research team we were able to provide a “face” behind the research. The meeting was equally beneficial to committee members and researchers.

In her presentation, Dr. McMurray explained the two molecular alterations she and Dr. Noble have identified and are investigating in their work to target the growth of basal-like breast cancer (BLBC) stem cells (CSC) and non-stem cells. The first alteration affects cooperative response genes (CRG) and prevents them from appropriately regulating the initiation and maintenance of BLBC. We viewed some slides clearly illustrating the positive effect of some FDA approved generic drugs that normalize CRG expression and minimize sphere formation of BLBC cells in vitro.

The c-Cbl ubiquitin ligase regulates the normal degradation of multiple growth promoting proteins leading to overexpression and harmful uncontrolled growth. The second alteration being investigated by Dr. Noble targets the pathways that lead to the suppression of normal c-Cbl activity. Dr. McMurray presented the lab’s progress studying the use of FDA approved drugs (two CRG agents and two c-Cbl restoration agents) combined with Tamoxifen (TMX) to restore c-Cbl activity and normalize CRG expression. Dose-response analyses in-vitro for all two and three drug combinations of these five agents have been performed. Test results show that combining these agents is an effective strategy to inhibit BLBC growth.

The lab is ready to take the study to the next level, an “in vivo” a mouse model. In addition, the use of MEK1/2 inhibitors to enhance TMX toxicity to cancer cells while simultaneously rescuing normal cells from any detrimental effects is being studied. At the conclusion of the in vivo studies, Dr. Noble’s lab will evaluate post-treatment effects on the brain. The researchers have a surgical oncologist interested a potential neo-adjuvant application of their work.

A Summer Well Spent continued

Members of the Research Committee touring the University of Rochester (left to right) Joyce McDonough, Maggie Maier, Alison Currie, Eileen Collins, Cathy Dolan, Karen Ashbaugh, Mark Noble, PhD, Helene McMurray, PhD, Jeanne Verhulst, and Jennifer Gravitz. Not shown: Rose Agins, Holly Anderson, Barbara Clarke, Julie Overbeck, Eleanor Rusling, and Kathy Simpson.

the ‘Toxic Trio’ – formaldehyde, dibutyl phthalate (DBP), and toluene - and salon workers may have high exposure to these in their workplaces. One significant barrier in educating these populations is a lack of knowledge of the nature, location, ethnicity, and language of these workplaces. The purpose of this mapping was to define the demographic information of the salon workers in the Rochester area to improve future outreach efforts. We visited a total of 120 nail salons in Monroe County - 38 salons in the City of Rochester and 82 salons in the surrounding towns. We found that 48.33% of salons had Vietnamese speaking employees, 45.83% English, 3.33% Chinese, 1.67% Korean, and 0.83% Filipino. A more detailed summary of our findings can be viewed in the final report, available at the Coalition.

This project has been a great preliminary step in raising awareness of adverse environmental exposures in the Rochester community. We are still utilizing BCERP materials at community outreach events and have incorporated a fun fact game on chemical exposure education during outreach. To learn more about chemical exposures, visit: www.info.bcerp.org.
A Tribute to Jacque Shatzel Ater - By Holly Popiwny

We don’t meet people by accident. They are meant to cross our paths for a reason. This holds true for the night I crossed paths with Jacque Ater. We met at a Monday night yoga class at the Coalition and it didn’t take long for me to realize that I was meeting someone special. I couldn’t help but be drawn to her contagious smile and warm personality. It was almost as if I had known her for years.

Over the course of the next couple of weeks I got to know Jacque better. She spoke proudly of her two grown children and three treasured granddaughters. She told stories about her salsa dancing days, of her long spanning career in speech-language pathology, and as a health care educator. She also spoke very openly about her advanced staged cancer. I remember being in awe of how Jacque could face so much pain and uncertainty while still being so supportive of others - and she was supportive of everyone. Her honesty and bravery in handling her disease have helped me deal with my own incurable cancer diagnosis. Jacque strongly believed that who you are in the cancer journey is who you were before. She had a real zest for life and never let cancer stand in her way.

Jacque has influenced countless people through her work and friendships, and although she is no longer with us, her light still shines brightly. Shine on Jacque! 🌈

“Kind words can be short and easy to speak, but their echoes are truly endless.”
- Mother Teresa

Friends Remembered...

We celebrate all who set an unwilling foot on this path. Most who face a breast cancer diagnosis will walk through and beyond their experience. These pages are dedicated to the ones whose light and wisdom have inspired and guided us for a while, and who will never be forgotten.

Barbara "Bunny" Vahue

Please excuse our error
Anne Mowrer was misspelled in the previous issue.

Tributes Welcomed

Would you like to write about someone you have lost to breast cancer? We welcome submissions from friends and family members and are particularly interested in stories about how they touched and changed your lives.

Please send your submission (300-500 words) with a digital photograph to Pat Battaglia, Voices of the Ribbon Newsletter Editor, at pat@bccr.org.

We would be happy to honor your loved ones.
Our Fundraising Friends

Their Legacy is Caring

For many folks, a lifetime habit of community involvement is something that feeds a sense of value and being able to “do” for others. The Legacy group of living communities recognizes the importance to older folks of taking that habit into their later years, even when reduced mobility and health may alter the way they participate.

There was “something for everyone” in the month-long series of community activities at the Legacy location recognizing Breast Cancer Awareness Month. A Kick-off party at the Brighton location featured live music by the incomparable Ruby Shooz, inspiring toe tapping and in some cases, lively dancing among couples whose feet easily remembered the steps of the Swing and the Twist. There were horse-drawn carriage rides, a craft sale, home baked goods, and an auction throughout October. Of special note, the baking talents of resident Doug Pritchard were put to good use baking “dozens upon dozens” of cookies which raised nearly $400!

Certainly the efforts of enthusiastic and dedicated staff combined with the talents and caring of residents worked together to enable the Legacy communities to donate $5338 to the Breast Cancer Coalition.

Gentlemen Love Pink

The air of masculine refinement, pampering, and a genteel peace pervades the space of the Men’s Room Barber Lounge and Spa on Monroe Ave in Brighton. This is a space that rarely sports pink! Yet, in honor of the women in their lives, the gentlemen clients of the Room gathered to share terrific food, live music, fine cigars; tastings of stout beers, wine and whiskeys; luscious desserts as well as fashions and raffle prizes. The generous donations of many community partners helped the Men’s Room to raise a stunning $6000 in this one truly special evening.

Play It Again, Bulldogs!

The generous spirits of the Livonia Junior Bulldogs have shines once again this October as they put their efforts on the football field toward the goal of raising money for our Coalition. Coordinated once again by parent Kim Wigley, these young players inspired their community to raise $1129.68

“Fore” A CURE

It is the experience of the Coalition that no groups have more fun doing charitable events than bowlers and golfers! In that tradition, the Ladies of the Clifton Springs Golf Club hosted a Rally For a Cure on August 21 to honor the women in their lives who have faced breast cancer. Participants dedicated holes to treasured friends and family, enjoyed a lively Chinese auction, and savored a terrific meal. Their fun-filled efforts raised over $3413. Well done, ladies.

Western New York FLASH

It’s true that “you can’t win ‘em all” unfortunately, and despite some spectacular plays by our WNY Flash the July 25 match against the Boston Breakers was one of “those” times. Spirits were high, however, and the generosity of the Flash was not defeated; the club presented a gift of $6000 to the Coalition with warm hearts and big smiles.
OCTOBER INSPIRATION

Local schools, businesses and groups recognize the survivorship of family, friends and coworkers, as well as remember those lost to breast cancer in October. We are grateful for the donations of these groups.

The ARC of Monroe County clients (pictured right) created and sold pink and black paracord bracelets and raised $170 for our Research Fund.

For the second year, Upstate Vape of Stone Rd in Rochester has honored us with a donation. This year, we received $293.16.

IDE Honda of East Rochester treated customers to a pink open house dubbed IDEtoberfest. Complementary wine and beer tastings, refreshments, live music and a European car show were enjoyed and they raised $200. For the Coalition.

Gastroenterology Associates of Rochester directed their October charitable contribution of $160 to the Coalition.

The Melting Pot of Rochester offered a Ladies Night on October 22 as well as special pink chocolate dipped strawberries throughout the month. We were presented with a gift of $176.

We received a great donation of $500. from the patrons of McGinny’s Bar on East Henrietta Rd. Bonnie Hebert, Aunt of our wonderful Advocacy Committee member Rachel Burke, honored her niece by being guest bartender for this November 8 event.

The Genesee Valley Penneysaver created a Breast Cancer sales promotion and published a special section referencing the Breast Cancer Coalition and Embrace Your Sisters, also a local group. The response by advertisers was gratifying, and many included message of hope and encouragement in their ads. We received $152.50.

Coalition friend Kathy O’Neill endured an ice bucket challenge in our honor and donated $50.

Employees of the IT department of the City of Rochester (pictured right) honored us with a gift of $265.

Toddlers Workshop of Webster celebrated Autumn on a very chilly day. Toddlers, Trucks, and Tiaras raised $625 this year, as well as thrilling many little people with gigantic pink construction equipment, games and a bounce house.

Several area sports teams dedicated a game to the Breast Cancer Coalition of Rochester and collected donations from fans.

Roberts Wesleyan College Women’s Soccer ($355)

Brighton High School JV Girls Soccer ($75)

Kalsu For A Cause

For Melissa Curtis, local giving is becoming a tradition. She enjoys directing the passion and energy she puts into her workouts into coordinating the effort that has become Kalsu 4 A Cause. Once again this year, Crossfit Boomtown hosted registered duos that competed in 20 minute heats in the weight division of their choice to complete 100 “thusters”- repetitions with barbells.

The Coalition was thrilled for the third year in a row to receive a gift of $1000 from Kalsu. Proceeds beyond our gift were given to a local family dealing with a cancer diagnosis.

Last Man Standing

Cross Fit folks are an adventure loving bunch, and Colleen Flaherty knew the athletes at their gym would enjoy putting their brute force to work for a good cause. So Colleen organized Flip For Breast Cancer, an event of team tractor tire flipping. Teams competed on several different “flipping grounds” around obstacles and up hills. Kids and adults had a great time and raised $590 for the Breast Cancer Coalition of Rochester.

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Kids at Heart

Two local stylists donated their talents and were kept busy as forty-four staff members of the Brooks Hill Elementary School in Fairport, including two men, had bright pink extensions applied in exchange for a donation to the Coalition.

According to organizer Patty Scarlata, “We were thrilled and honored to be able to raise awareness to a cause so dear to our hearts, including three breast cancer survivors of our Brooks Hill family.”

Patty’s own mom, Mary Jo D’Angelo was an early member and a dear friend of the Coalition, and this donation honors her as well. Thanks, Brooks Hill, for your gift of $600.

Look for more October fundraisers in the Spring issue.
Bigger and Better…Every Year

Doug Phelps is a man on a mission of caring! For the fourth year, Doug has spearheaded the Windjammers Restaurant Breast Bowl for the benefit of the Coalition. Hosted again this year at Dewey Gardens, teams took to the lanes in a virtual sea of pink on Saturday, October 11. Many of the weary bowlers then retired to Windjammers for some of Rochester's finest chicken wings. A check presentation in the amount of $5760 put a well-deserved smile on Doug's face; it was the hard won result of a year of planning and effort. Kudos to the crew of Windjammers and all of the bowlers who made this event so successful.

BRA Day Event

It was a fascinating evening of education at a most unique venue—the first event of its kind in Rochester.

The national Breast Reconstruction Awareness Day is an annual effort to raise awareness about the reconstruction options available to women after breast cancer surgery. This first local event was hosted at Artisan Works by the plastic surgery practice of Dr. Stephen Vega.

Dr. Vega is a well-known Rochester pioneer in breast reconstruction techniques and with the efforts of practice manager Madelyn Garcia and dedicated staff, he presented a comprehensive overview of the various options available to women seeking breast reconstruction. His talk was accompanied by an array of slides, beautifully illustrating the results of various reconstruction techniques. Several local physicians and the Coalition's Director Holly Anderson also took part in a panel discussion and question and answer session.

Rounding out the evening was a live auction featuring several previously unreleased prints from art icon Ramon Santiago. The generous donation of these prints by the Santiago family resulted in a gift of $841.60 to the Coalition.

Women’s Council of Realtors

The Breast Cancer Coalition of Rochester was honored once again with a generous donation from the Women's Council of Realtors. This group of Rochester real estate professionals presents an annual Charity Fashion Show and selects four local charities to share the proceeds. This is the eleventh year that the Breast Cancer Coalition has been a recipient.

The elegant event was held at the Harro East Ballroom on September 12, and featured local fashions from Rochester’s most unique shops including B Younique, Panache, and Arlene Sutherland. Guests were treated to live music and an amazing three course dinner, as well as numerous raffle items and a live auction.

The WCRs gift of $2,000 helped to underwrite the cost of the Coalition’s updated website video, which serves to acquaint site visitors with the wonderful resources of the Coalition.

Dig Pink

On October 17, the energetic young women of the Harley-Allandale Columbia Volleyball team continued a tradition of dedicating a game to honor those dealing with a breast cancer diagnosis. Dubbed “Dig Pink”, the effort was originally directed to a national campaign. When the mom of a team member was diagnosed, the cause became more personal, and the Coalition is proud to be chosen to receive the proceeds from this game. Thank you HAC ladies, for your wonderful gift of $1519.65. Your support of local families facing the challenge of breast cancer is much appreciated!
Donations ending September 30, 2014

The name of the individual honored or remembered is shown in bold type. The Breast Cancer Coalition thanks donors for these gifts made since our last listing. (Donations made after September 30th will be included in the winter newsletter.) We apologize for any errors and/or omissions on our donor pages.

In Honor of:

- Melisande Bianchi - ARTrageous Affair
  - Nancy Bianchi
  - Debra & Thomas Fraser
  - OK Barber Shop
  - Theresa & Donald Mazzullo
  - Anthony & Francine Tramonto

- Nickey & Don Darrohn 50th Wedding Anniversary
  - Diane & Dennis Dupree

- Kristen & Jeffrey Garrison Wedding
  - Natalie Gould

- Teresa Madau & Paul Skiba
  - Carla Provenzano

- Evelyn Parsons
  - Barbara & George Segel

- Holly Popiwny - ARTrageous Affair
  - Patty & Mike Bellohusen

- Janet & Jack Salzer 50th Wedding Anniversary
  - Janet Clark

- Victoria Schoeman
  - Elaine & Paul Puschak

- Carol Steron
  - Marcy Lazio

- Sherrie Valentino
  - Sharyn Leahy

In Memory of:

- Jacque Aker
  - Holly Anderson

- Marian Amorosa
  - Susan Cohn

- Sue Charland
  - Holly Anderson

- Christine Cole
  - Jane Beamish

- Mary Coniff
  - Advocacy Committee
  - Holly Anderson
  - Grace Buck
  - Marta Cilento
  - Pamela & Marv Cohen
  - Carm Colagrande
  - Mary & Lynn D'Angelo
  - Rosa & Louis D'Angelo
  - Cindy Dykes

- Eike Family
  - Theresa & Joe Indovina
  - Jessie & Rick Lazeroff
  - Sharon LoBiondo
  - Donna Noble
  - Ann & Steve Rogers
  - Marianne & Scott Sargent
  - Connie Schmeir
  - Cheryl & Kenneth Snyder
  - Cathy Tantillo
  - Mary Lou & Mike Williams

- Dorothy Goodwin
  - Mitzie & Dick Lewandowski

- Denise Graver - ARTrageous Affair
  - Cathy Vajentic

- Valerie Gundrum - ARTrageous Affair
  - Jack Gundrum

- Sue Henkel
  - Sharyn Leahy

- Diana Lepore
  - Michele Ariola
  - Audrey Case
  - Daniel Dennison
  - Empire Merchants North
  - Anne & Richard Farone
  - Kimberlie Hyde
  - Patti & Bernard Iacovangelo
  - Joseph Lynch
  - Sue Matuck & Harold Reuter
  - Sandra & Louis Moneta
  - Caterina & Salvatore Montemurro

- Bernadine Liberatore
  - Sue & Mark Davis
  - Girls of Creditailing, Provider Relations, & Friends
  - Elizabeth & Donald Held
  - Sally Holland
  - Lisa & Scott Pundt
  - Sandy Romeo

- William Martel
  - Holly Anderson
  - Patti Cataldi

- Anne Mower
  - Holly Anderson

- Rose Marie Pennington
  - Marlene Amico Zine-Eddine
  - Mr. & Mrs. Michael Amico, Jr.
  - Rosanne & Augie Angelista
  - Elaine & Tom Bacon
  - James Byrwis
  - Connie & Ross Cammarata

- Patricia Cataldi
  - Roseanne & Joe DiPonzio
  - Janice & Gary Grinnell
  - Elaine Jackson
  - Joyce Jollet
  - Miriam Kimmel
  - Pauline Kisiel
  - Lori & Jim Lytle
  - Donna Murano
  - Corinne Nelson
  - Dolores Pezzulo
  - Mary Beth & Bart Pricola
  - Cynthia & Robert Ryan
  - Patty & Tony Spinelli
  - Christine & Karl Withers

- JoAnn Popovich
  - Lisa Cook
  - Karen Destino
  - Nancy DeWitt
  - Linda Gaylord
  - Rosemarie Jaouen
  - Elizabeth Johnston
  - Betty Miller
  - Fran Norman
  - Jamie Scripps
  - Kathy Stevens
  - Sharon VanMeenen
  - Amy Wilkin
  - Patty Zink

- Kathy Raeside
  - Lisa & Richard VerVertloh

- Michael J. Rozzi
  - Carm Colagrande
  - Sharon LoBiondo

- Terri Schmitt
  - Jane & John Schmitt

- Sheri Schwartz
  - Holly Anderson
  - Shira Goldberg & Mark Lazeroff
  - Carol & Julie Lee

- Valorie Smith-Pettybridge
  - Faculty & Staff - MCC Health Professions Dept. & Dental Studies Program

Founder’s Circle $5,000 +

- County of Monroe NYS Senate for Economic Development Training
- Parkleigh - ARTrageous Affair Gold Sponsor
- Western Regional Off Track Betting Corp. - Batavia Downs Fundraiser
**Visionary Circle $1,000-$4,999**
A Swing at Breast Cancer for Lisa Fox
Emily Cummings
Elizabeth Wende Breast Care - ARTrageous Affair - Silver Sponsor
Gallo & Iacovangelo, LLP - ARTrageous Affair - Silver Sponsor
Generation Capital Management - ARTrageous Affair - Silver Sponsor
Geneseo Surgical Associates - ARTrageous Affair - Bronze Sponsor
Highland Hospital - ARTrageous Affair - Silver Sponsor
I. Gordon Corporation ARTrageous Affair Bronze Sponsor
Interlakes Oncology and Hematology, PC - ARTrageous Affair - Silver Sponsor
Konar Foundation
Marilyn Ling, MD - ARTrageous Affair
Pimco - Tee’d Off at Breast Cancer - Pink Tee Sponsor
Rose & Kiernan, Inc. - Tee’d Off at Breast Cancer - Pink Tee Sponsor
U of R Division of Plastic Surgery - ARTrageous Affair - Silver Sponsor
Vega Aesthetic & Reconstructive Surgery - ARTrageous Affair - Silver Sponsor
Westminster Consulting - Tee’d Off at Breast Cancer - Pink Tee Sponsor

**Advocate’s Circle $500-$999**
Canandaigua National Bank & Trust - ARTrageous Affair - Pink Ribbon Sponsor
Evangelisti Reconstructive & Plastic Surgery - ARTrageous Affair - Pink Ribbon Sponsor
John Hancock Investments - Tee’d Off at Breast Cancer - Green Tee Sponsor
Deb Henretta & Sean Murray - ARTrageous Affair - Pink Ribbon Sponsor
Lantek Communications - Tee’d Off at Breast Cancer - Green Tee Sponsor
Microsoft Matching Gift
Charlot & Romualdo Rossi - Tee’d Off at Breast Cancer - Green Tee Sponsor
The VandenBRUL Foundation
Visiting Nurse Service - Tee’d Off at Breast Cancer - Green Tee Sponsor
Joyce Wichie & Steven Berke - ARTrageous Affair - Pink Ribbon Sponsor

**Pink Ribbon Circle $100-$499**
Scott Adair
Jacque Ater & Family
Dolores Brooker - ARTrageous Affair
Roberta Buttino - ARTrageous Affair
Mel Callan - ARTrageous Affair
Jackie & Tony Colichio
Colony Dry Cleaners - Tee’d Off at Breast Cancer - Hole Sponsor
Jill Corey
Benjamin Cummings
Walter J. Deck, DMD - Tee’d Off at Breast Cancer - Recognition Sponsor

**Friend’s Circle $50-$99**
Avon Central School, Class of 1969 Peggy Blumenthal
Joan & Quentin Call - ARTrageous Affair
Amy & Ryan Connell, MD - ARTrageous Affair
Barbara Gorski - ARTrageous Affair
Patricia Grover
Joanne Kelsey

**Contribute’s Circle $5-$49**
Emilie Barry
Lewis Ditirinco
Alexandra Hartmann
Anne Ivers
Margaret & Richard Kavesh - ARTrageous Affair
Linda & Stephen Lesio - ARTrageous Affair
Kalen Litvak - ARTrageous Affair
Heather McCarthy
Joseph Megna
Mary Nichols L.Edith Parris
Lori Jeanne Peloquin
Bety & Michael Puleo - ARTrageous Affair
Celia Turner
Nan Van Den Bergh, PhD.
Robert Wigington
Wines for Humanity

**Gifts in Kind:**
Shannon Bittner-Klymochko
Martha Carpenter
Becky Dean
Diane Hayes
Laurie Miller
Pavilion Gift Company
Lori Jeanne Peloquin
Rockcastle Florist
Rochester Red Wings
Nina Rupp
Dennise Webster

**L to R, Angelica Genno, Rosalynn Scott and Kirsten Struble**
Home and Career Skills Teachers, Kim Toombs and Sandy Climenhaga and their 7th and 8th grade students at Albion Central School honed their sewing skills and performed a good deed for the Coalition recently. Their small, soft pillow creations offer comfort and support to women after breast surgery. We include one of each of these pillows in our PALS packs, which are given to newly diagnosed women.
THE COALITION’S CURRENT WISH LIST

- A cure for breast cancer
- Books about breast cancer and lymphedema for women, men, children, families (2010 or later)
- Books about endometrial, ovarian, cervical, fallopian, or other GYN cancers (2010 or later)
- Books about prostate or testicular cancers (2010 or later)
- Copy paper, white
- Foam core (new)
- Gift cards: Wegmans, Tops, DiBella’s, Staples, Target, Barnes & Noble, Michaels, pizza, etc.
- Paper products: napkins, cups for hot and cold beverages, small and medium plates (no Styrofoam products)
- Tablecloths 70x90 and 70x108 (white, sage green, pink)
- Vacuum cleaner (new, commercial grade)
- Batteries, D and AA
- Food storage containers, beverage pitchers, dish towels
- Mop and bucket

The following items are needed specifically for PALS Paks:
(all items must be new)

- Hand knit caps
- Scarves or bandanas
- Fleece throws/blankets (please, no juvenile, cartoon, logo, or business branded items).
- Journals
- Note cards
- Satin sleep masks (lavender or unscented only)
- Thank you cards
- Foam ear plugs
- Lanyards (preferably plain)

Volunteer Spotlight continued

side and has participated in the gala, including assisting with some heavy lifting during the set-up. And this past year, Donna celebrated the arrival of her beautiful granddaughter, McKenzie. Drawn to shimmering colors and proudly wearing pink in interesting and creative ways, Donna is both literally and figuratively a gem. This effervescent, warm-hearted woman has become an irreplaceable part of the Coalition community.

Thank you, Donna, from the bottom of our hearts!

Clean(er) and Green continued

each; certainly a significant investment for any business needing many. It is easy to see why a smaller, “mom-and-pop” operation could find such a switch cost-prohibitive.

Clearly, there may be no perfect or truly “harmless” solution if you choose to purchase and wear more delicate fabrics. But if you are looking for a greener way to dry clean, try to find a cleaner who has stopped using PERC, and, ideally, is exploring newer and less worrisome methods. If you must use a traditional cleaner, air your clothes out in the garage or on the clothesline before putting them in your closet.

Hand wash items such as sweaters, and with items such as pants, consider hand washing followed by professional pressing. And of course, think carefully before purchasing items labeled “dry clean only”.

Sources:
http://www.greenamerica.org/livinggreen/drycleaning.cfm
http://www.epa.gov/dfe/pubs/garment/clothingfact.htm
http://www.epa.gov/dfe/pubs/clothingfactsheet/clothingfactsheet.htm
http://www.nytimes.com/2009/01/12/nyregion/12clean.html?pagewanted=all&r=0

Upcoming Fundraisers From Our Friends

Colony Dry Cleaners Offers Their Support

As the Coalition looks toward 2015, we are pleased to announce a generous yearlong fundraising campaign by Colony Cleaners of Rochester.

Owner Steve Tucciarello is offering customers the opportunity to offer a direct donation of 5% of their monthly cleaning total to the Coalition. The first 250 customers to sign up for the program will receive a special (pink) cloth laundry bag with the Coalition logo.

Steve's effort honors the breast cancer journey of a beloved family member who found support at the Coalition.

We are grateful that Colony has chosen to direct this effort to us, and also pleased to recognize that Colony is one of several local cleaners transitioning to safer, more eco-friendly cleaning methods.
October, in lieu of our usual Wednesday Evening Educational Seminar, we hold an event called Lives Touched, Lives Celebrated,

As in years past, the evening’s events began with a candlelight walk down University Avenue. The sparkling lights carried by breast cancer survivors and their loved ones and supporters dispelled the gloom of a chilly Autumn evening in an outward display of support and solidarity. Afterwards, the group assembled in our Center, warming their chilly hands by clapping cups of mulled cider or hot tea as they listened to words of healing, hope, and celebration spoken by the Reverend Carol Holtz-Martin; a breast cancer survivor herself. Interspersed between her eloquent, reassuring words were the reading of tribute cards filled out by attendees in celebration, in honor or, in some cases, in memory of those who have faced breast cancer or who have offered a helping hand along the way.

Poetry readings, and the gently inspiring music of Lisa Winter were also part of a program designed to uplift and offer some serenity to all touched by breast cancer as they continue on their life’s journey, whatever detours may appear along the way.

Breast cancer touches far too many lives. We’re grateful to all who spent a late October evening with us to honor and celebrate the inner places that cancer can never reach. 

Breast Reconstruction Options continued

I do. The boutique offerings have improved over the last eight years and, over time, I have settled on some light, comfortable, and usable products that work well for me. I was never one for plunging necklines or showing any cleavage; therefore, trying on clothes in the fitting room remains unimpacted and everything looks as usual to me.

I have never looked back or regretted my decision. I don’t think I’m being grumpy when taking issue with the oft-heard statement, “Breast reconstruction surgery will make you a whole woman again.” Simply because I no longer have my natural breasts, am I any less of a woman, wife, or mother? Is society so shallow that a woman cannot be considered whole if she has nothing to put in a bikini top? We are all individuals who do our best to choose what is best for us at the time based on all available information and resources. Our post-mastectomy choices are an important part of who we are; however, they neither define us as women nor make us “whole.”


Lives Touched continued

Lori Betlem-Lytle adds a ribbon to the memory tree.

October, in lieu of our usual Wednesday Evening Educational Seminar, we hold an event called Lives Touched, Lives Celebrated,

As in years past, the evening’s events began with a candlelight walk down University Avenue. The sparkling lights carried by breast cancer survivors and their loved ones and supporters dispelled the gloom of a chilly Autumn evening in an outward display of support and solidarity. Afterwards, the group assembled in our Center, warming their chilly hands by clapping cups of mulled cider or hot tea as they listened to words of healing, hope, and celebration spoken by the Reverend Carol Holtz-Martin; a breast cancer survivor herself. Interspersed between her eloquent, reassuring words were the reading of tribute cards filled out by attendees in celebration, in honor or, in some cases, in memory of those who have faced breast cancer or who have offered a helping hand along the way. Poetry readings, and the gently inspiring music of Lisa Winter were also part of a program designed to uplift and offer some serenity to all touched by breast cancer as they continue on their life’s journey, whatever detours may appear along the way.

Breast cancer touches far too many lives. We’re grateful to all who spent a late October evening with us to honor and celebrate the inner places that cancer can never reach. 

Lori Betlem-Lytle adds a ribbon to the memory tree.
A Personal Journey continued

therapy wasn’t needed in her case, and made the informed decision to decline. Next came hormonal therapy. However, Wendy experienced an extreme, very rare reaction to the medication and plummeted into the depths of depression, so that therapy was stopped. Afterward, feeling like herself again and with no other treatment options to consider, Wendy’s walk with breast cancer was over.

Or so she thought.

“I handled [my cancer] as a nurse,” Wendy says of her analytic approach. From breaking the news to her three adult sons to formulating a treatment plan and seeing it through, Wendy was focused on gaining information and making well-reasoned, deliberate choices. That strategy served her well in ridding her body of the disease. But cancer affects more than the body.

“Once the surgery was all over and the dust had settled, the thoughts and feelings started to creep up. And I was so unfamiliar with them,” Wendy shares. Having lost a very close friend to breast cancer, she knew first-hand that some journeys end very differently than her own. In her practice, she witnessed women going through more extensive treatment, experiencing much more difficulty than she endured. In an odd way, she felt guilty for this, as though she was not truly a member of “the club”, if such a club exists. “I was physically healing but I wasn’t spiritually and mentally healing,” she recalls.

Having read about Brown Bag Lunches at the Coalition, Wendy thought, “How could it hurt?” So one Friday, she drove to the Coalition – and just kept driving. She didn’t feel as though she belonged in a support group with others who had endured more than she had. A few weeks later, having made up her mind to gather her nerve and walk through the door, she headed to the Coalition again and parked her car. As she struggled inwardly with her resolve to go inside the building, her phone rang.

It was her brother checking in to see how she was doing. “I just disintegrated in the car,” Wendy readily admits, and spent the entire Brown Bag sobbing out her fears to her brother. The following week, she found herself sitting anxiously but expectantly at the Brown Bag table. And the discussion began. “It was such an eye-opener,” she says. “It was SO not what I expected. It was so uplifting… I thought to myself; ‘You need this.’ I was driving home [afterward] and thinking ‘How can you feel so good, you just went to a support meeting for breast cancer survivors?’”

In the months that followed, Wendy returned often to the compassionate atmosphere of Brown Bag, learning from the stories of others as she sorted through the details of her own journey. In addition, the continued support of female friends and co-workers who had been there for Wendy during her pre and post-surgical period provided another lifeline. This group “…let me do or say anything I wanted, sometimes just sitting together over a bottle of wine and purposely not mentioning breast cancer at all.” Wendy took comfort in pretending for a little while that life was unaltered. “What became important to me,” she shares, “is that you have to reach out to people, you have to let them help you. You have to let people ‘come in.’” In reaching out to others, her own inner healing began.

Although she is no longer a regular at the Friday gatherings, Wendy has applied the lessons she learned as a peer mentor through the PALS Program at the Coalition. Her empathy born from experience has helped her guide newly diagnosed women through their own fears and uncertainties. She is a true listener. “I think [the newly diagnosed] just have to be able to talk and say whatever they want, however they want, ask any questions they want. Because it’s such a personal journey, you have to let them figure out what they want to say. And if they don’t want to say anything, that’s alright.”

By using her expertise to deal with her cancer and then reaching out to others to complete her healing journey, Wendy reconciled her mind and her heart; she has found the place where they meet. “It’s just changed my whole perspective on people and life and what matters and what doesn’t matter” she says. “I can’t say I’m grateful, but I certainly got a lot of positives out of it. You just learn to take it day by day.”

Every day, we are grateful for this knowledgeable, caring spirit. Thank you, Wendy! ➤

“If you don't get lost, there's a chance you will never be found.”

~Anonymous
Upcoming Events & Programs at the Coalition

Wednesday, January 21, 2015
Ribbon Cutting & Open House
Stay Tuned!

Wednesday, January 28, 2015
Facilitators Panel Discussion
Healing Arts Initiative
7:00pm

Wednesday, February 25, 2015
Chin-To Fong, M.D.
Genetics and Breast Cancer
7:00pm

All events unless otherwise noted are at:
THE BREAST CANCER COALITION OF ROCHESTER
1048 University Avenue
(Between Culver and Goodman)
Questions? Contact the Coalition at (585) 473-8177

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Take Action!

Become a Supporter of the Breast Cancer Coalition of Rochester by making a gift today!

Your donation will ensure that you will receive a subscription and invitation to all general meetings, educational forums, and special events. Additionally, you will help support our goal of creating an active voice in the Greater Rochester Region in the fight against breast cancer through advocacy, education, and support.

Name
Address
City State Zip
Phone
E-mail

☐ I am a breast cancer survivor

I am interested in learning more about (check all that apply)

Programs:
☐ Advocacy Committee
☐ Research Committee
☐ PALS (Peer Advocates Lending Support) Mentor
☐ Annual Advanced Breast Cancer Seminar

Representing the Breast Cancer Coalition at:
☐ Health Fairs
☐ Festivals
☐ Public Speaking (Churches, Schools, Community Groups)

Fundraisers:
☐ Pink Ribbon Run & Family Fitness Walk
☐ “Tee’d Off” at Breast Cancer Golf Tournament
☐ ARTrageous Affair Gala
☐ Community Event Fundraisers

Other:
☐ I am bi-lingual in ____________________________

☐ I am a deaf interpreter
☐ I am able to deliver newsletters (Quarterly)
I am available: ☐ Days ☐ Evenings
☐ Weekends

Other ways I would like to volunteer: ____________________________

____________________________________________________________________

Gifts of $100 + receive a complimentary Comfort Heart.

I would like to make a gift of $

In ☐ Honor of
☐ Memory of

Please send notification of my gift to: (name and address)

Payment Choice
☐ Check, Money Order ☐ Visa/Master Card/AmEx
Amount Enclosed $ ____________

Credit Card No.
Expiration
Signature
Name on Card

Breast Cancer Coalition of Rochester
1048 University Avenue Rochester, New York 14607
(585) 473-8177; www.bccr.org

Volunteer Information form

Name
Address
Phone Work/Cell
E-mail

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Other ways I would like to volunteer: ____________________________

____________________________________________________________________

Breast Cancer Coalition of Rochester
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info@bccr.org • www.bccr.org
Voices of the Ribbon is published quarterly by the Breast Cancer Coalition of Rochester for the purpose of providing encouragement and inspiration to those facing a breast cancer diagnosis, their supporters, and care providers.

In addition, it is intended to impart accurate, science-based information to enlighten and empower its readership.

WE’VE MOVED! to 1048 UNIVERSITY AVE.

JOIN US FOR OUR RIBBON CUTTING & OPEN HOUSE JANUARY 21, 2015, 5:00-7:00PM