It takes a community to serve a community.

Betsy Crumity and Ali Dennison were all smiles at our 2019 Legislative Reception. That annual event may have been cancelled in 2020 due to COVID-19, but our commitment to our survivor community is stronger than ever. Turn to page 3 for Betsy’s story.

Advanced Breast Cancer Seminar, Oct. 9 (page 7)
Racial Disparities In Breast Cancer Outcomes (page 8)
Lives Touched, Lives Celebrated (page 12)
FROM THE DESK OF THE EXECUTIVE DIRECTOR

“How are you doing over there?”

The query comes almost daily from a variety of friends and community members and, in the face of a global pandemic, we are doing much better than we ever expected. On Sunday, March 22, all non-essential businesses statewide closed when Governor Cuomo announced the “New York State on PAUSE” executive order, a policy to ensure the safety of everyone. That was nearly seven months ago.

Our Office Manager, Michelle Lindsay, had our staff up and running remotely within that first week; miraculous when we look back now. She competently guided us as we learned to access our cloud-based documents remotely, wrestled with call-forwarding, and helped trouble-shoot challenges with home computers. And there was Zoom. Everywhere there was Zoom. Thank you for your grace and patience as we moved quickly to get all of our programs and services running on that and other web-based platforms.

We know a diagnosis of cancer is difficult under normal circumstances. Add the growing concern over COVID-19, and we watched as the “scary” knob cranked up to levels never seen before. For those who were diagnosed prior to March 15, 2020, imagine not being able to take a friend or family member along for consultations with any members of your cancer care team. Suddenly, the language of cancer coming at you can feel, as one recently diagnosed survivor described, like a tsunami.

We listened with rapt attention to the stories of newly diagnosed survivors balancing cell phones on exam tables while their spouses, parents, or children listened in from parking lots. We shared the anguish of those dropped off at the hospital door on their day of surgery. We saw photos of friends and supporters gathered on rooftops of hospital parking garages and outside the windows of infusion rooms cheering on the loved one just inside. We have fielded calls from those worried about the care they will receive for an upcoming procedure and, later, breathed with them in relief as they conveyed the level of compassion and professionalism received from healthcare professionals on the front lines. Amazingly, everyone was coping. From patients… to providers… to support staff… to friends and family… to loved ones, near and far… coping.

And, looking back at the last seven months, we are in awe of all that has happened here at the Coalition. The Pink Ribbon Walk & Run, the Evening Seminars, the Healing Arts, the support/networking groups, Common Ground, everything… all of it… still going strong. We are grateful to all of you for weathering this unusual storm. After all, cancer doesn’t quit. And neither will we.

~ Holly Anderson, May 2020
A PERSONAL JOURNEY: BETSY CRUMITY
By Betsy Crumity, with editorial assistance from Pat Battaglia

My parents had six children; five boys and one girl. Even though I was the only girl, I did just about everything my brothers did - bike riding, hide-and-seek, tree climbing, ice skating, swimming and even touch football. In fact, I was the quarterback! But one day, my father said I could no longer play with my brothers and their friends. I was devastated by his unannounced declaration. It hit me like a ton of bricks. Now what was I going to do? There was no one else I could play with or talk to. One other girl lived on our block, but she wasn’t interested in the same things I was; no other girls I knew lived within several blocks of my home. Besides, we teenage girls were not allowed to visit friends alone, like the boys were. We had to have an escort, which was usually another friend or older sister, and one of our older brothers had to accompany us. This was my first crisis, and what an impact it had on my world.

From the day of my father’s announcement, I felt isolated. I no longer had someone else to play with and talk to as I had with my brothers. My mother, in her infinite wisdom, acknowledged my crisis and reached out to an organization for help: the Big Brothers and Big Sisters of America.

“Sisters function as safety nets in a chaotic world simply by being there for each other.”
—Carol Saline

PATHWAYS THROUGH CRISIS: a Lifetime of Healing Connections

A few years ago, I went for my annual mammogram. This resulted in further imaging and a biopsy. When I heard the test results, it was as if I was hit once again with a ton of bricks. When I heard the words, “You have breast cancer,” I felt as I did when my father was taking away my play time and friends. Again, I felt isolated. But this time, my mother was not there to offer her infinite wisdom. This time, I reached out to the Breast Cancer Coalition, for it offered what I needed: companionship through my crises and a path to healing.

I parallel my childhood Big Sisters experiences to my breast cancer experience. I see the events around my mastectomy as my first Big Sister, but not as much fun. Like the second Big Sister, breast reconstruction was a short encounter. Then, after five months of chemotherapy and beginning a daily routine of radiation, I was matched with a third Big Sister, and that was a very short encounter before she also left. My third Big Sister was a young African American Professor at the Rochester Institute of Technology. She wore dashikis, had a big bushy Afro, and drove a yellow Datsun 280zx, two-seater. This proved to be my best Big Sister match. She was proactive. She did not spend a lot of money on the activities we did together, but she spent time with me. During the summers, we would attend weekend festivals. She liked cooking, so I would spend time in the kitchen as her sous-chef. She also loved to save money. When she and I painted her apartment together, I learned I had some other talent. We had a wonderful relationship and she remains my Big Sister to this day. She is married and has two daughters, and we are still in touch. She is in it with me for the long haul.

This time, I reached out to the Breast Cancer Coalition, for it offered what I needed: companionship through my crises and a path to healing.
ADVOCACY CHAIR UPDATE
By Kathy Guglielmi

Advocates in a Virtual World

One of the highlights of the year for the Advocacy Committee, and for me personally, is attending the annual Advocate Leadership Summit sponsored by the National Breast Cancer Coalition*. This year, the summit was held virtually beginning on May 19 and ending on June 16. Ten representatives of the Coalition participated in this virtual summit. In this and successive newsletters, we will share with you some highlights of the sessions we attended.

The Summit opened with a plenary session on the Artemis Project. The Artemis Project is an advocate led effort that focuses on primary prevention by seeking answers to two vital questions:

1. How do we prevent people from getting breast cancer (early detection is not primary prevention), and

2. How do we prevent metastasis to stop people from dying of the disease?

Keith Knutson, Ph.D. outlined the goals of Artemis and the progress on those goals:

- To develop a vaccine that targets all three major subsets of breast cancer
- To develop a vaccine that reduces the incidence of breast cancer
- To develop a vaccine that prevents death from breast cancer
- To develop a safe and cost-effective vaccine

Additional sessions focused on a wide range of topics. One explored the social issue of the root causes of racial disparities in breast cancer mortality. Attendees also learned from a Capitol Hill staffer how to better advocate in person, how to better advocate in a virtual environment, and what it means to participate in research advocacy. There were also multiple sessions on the science of breast cancer and on the healthcare system.

The summit wound up with a day of virtual meetings with our representatives in Washington DC. Our advocates met via Zoom with legislative aides for six of our local Congressional representatives. While in-person visits on Capitol Hill have always been an exciting experience at past summits, our virtual meetings were quite informative and enjoyable to attend. We came away from the experience with high hopes and much new knowledge. Coalition advocates anxiously await the 2021 summit, whether it be in person or virtual!

*While we share similar names, the Breast Cancer Coalition is an independent, grassroots, local organization unaffiliated with any national group. We lend our support to many of the NBCC’s initiatives.

Remembering a Friend

The Breast Cancer Coalition joins the Greater Rochester Community in mourning the passing of Assemblymember David Gantt. Ever the statesman, meetings with him were always no-nonsense, short, and to the point. "What do you want? What do you need? How will this help my constituents?" And we loved him for it.

During a recent session, when our regional services funding was in danger, Dave stepped up to help with the circulation of a delegation letter delivered to Assembly Health Committee Chair, Dick Gottfried, and Senate Health Committee Chair, Gustavo Rivera. Thankfully, our regional services have continued.

We can't imagine the Assembly Chambers without Dave in the seat he held for nearly 40 years. Rest in peace, Mr. Gantt. You were exemplary in the way you represented your constituents and you leave enormous shoes to fill.

BreastCancerCoalition.org
As a new member of the Advocacy Committee, I attended the annual Advocate Leadership Summit of the National Breast Cancer Coalition for the first time this year. Due to COVID-19, the summit was held virtually. Over a period of four weeks, advocates from around the country attended daily Zoom sessions on myriad topics. Some were science heavy, some more generally informative, but I found all of them interesting.

One session, titled “Insights into Breast Cancer Subtypes and the Unique Biology of Lobular Breast Cancer,” was a real education for me. The presenter, Steffi Osterreich, PhD, is highly regarded for her extensive study into invasive lobular breast cancer (ILC), which accounts for ten to fifteen percent of all breast cancer diagnoses. Her presentation was where I first heard ILC referred as an “orphan disease” because of a lack of research into this breast cancer subtype.

After explaining that ILC is a square peg in a round hole due to its unique characteristics, Dr. Osterrich mentioned that it is difficult to diagnose using mammography or PET scans. This is because there often is no tumor to see. This form of the disease frequently presents as strands between cells due to the loss of a cellular factor called E-cadherin (known as CDHI), which promotes cellular adhesion.

The pattern of metastasis for ILC is different than for the more common Invasive Ductal Carcinoma (IDC). Metastatic breast cancer occurs when the disease has spread to areas of the body outside the breast. When ILC metastasizes, the most common areas affected are the gastrointestinal tract, abdomen, ovaries, bones, peritoneum, and pleura (lining of the lungs). It’s less common for the disease to spread to the lungs or liver.

During the presentation, I learned that this cancer affects approximately 40,000 people every year. It is estimated that there are 500,000 living survivors of ILC. Although the incidence rate is equal to other types of cancer such as liver, ovarian, and non-Hodgkin’s lymphoma, only four research studies are currently available for ILC: two are underway in the United States and two metastatic trials are taking place in Britain. However, most breast cancer studies do not include ILC. Not enough research has been done to confirm that standard of care chemotherapies and endocrine therapies currently applied to IDC are as effective for those diagnosed with IDC.

Dr. Osterreich stated that increased access to quality and quantity of ILC research models are needed. When discussing research, advocates and those dealing with this form of breast cancer should ask whether a study being considered will be relevant to patients with ILC, or if the study contains an ILC-specific sub-group of participants. We should also question whether enough patients with ILC will be included for separate statistical analysis in current research.

As a person who was diagnosed with ILC, this session increased my understanding of the ways my disease is different from other breast cancers. I will strive to ensure this “orphan breast cancer” is included in the breast cancer conversation.
At a time when I was more in need of solid health insurance coverage than ever before, I found myself without it. This came about because of a misunderstanding of Medicare rules, based on incomplete and incorrect information provided by Medicare representatives.

I was diagnosed with metastatic breast cancer in 2014. Since 2016, I have been on social security disability (SSDI). During the application process, it escaped my notice that after two years on SSDI, you are automatically enrolled in Medicare. So when my “Welcome to Medicare” package arrived in the mail one day in 2018, I was thrown for a loop. I found myself enrolled in Medicare Part A (which covers hospitalization and doesn’t require payment of any premium) and Medicare Part B (which covers most of the other day-to-day medical services someone in my position requires – doctor visits, blood draws, port flushes, and scans – but requires the payment of monthly premiums).

We had good health insurance through my husband’s employer and needed to maintain that family plan to provide coverage for our daughters, who were attending school in Massachusetts. I didn’t see a need to pay an additional premium for Medicare.

I called the office of Social Security and Medicare and was told I could waive Part B because I was covered by my husband’s insurance, and wouldn’t face consequences more severe than a premium penalty when I did eventually enroll. I relied on this information and accepted Part A but declined Part B. This was a mistake.

A year and a half later, in February of 2020, I advised my health insurer that I was enrolled in Medicare Part A. They immediately began declining my claims that would have been paid by Part B - if I had it. It seems that, because my husband’s company employed fewer than 100 people, I wasn’t actually entitled to the waiver of which I had been assured. Furthermore, because I was Medicare-eligible, I wasn’t entitled to my husband’s primary health insurance either. I wouldn’t be able to get Part B coverage until July 2021 and my insurer would bill me for the claims they’d paid retroactive to July 2018 – a potential expense of tens of thousands of dollars.

I panicked. I immediately postponed upcoming medical tests and appointments (fortunately, my medications are covered through my insurer) and started googling. I found my way to the New York State Health Insurance Information Counseling and Assistance Program (HIICAP). A godsend for me, HIICAP provides “free and accurate information, counseling and assistance with Medicare and private health insurance.” In Monroe County this counseling is provided through Lifespan.

I found a friendly and supportive Lifespan counselor who advised me to make a formal request to Medicare for “Equitable Relief” and guided me through that process. I also received support from the staff at Congressman Joe Morelle’s office, who advocated on my behalf. Fortunately, my request was approved and I am now safely enrolled in both Medicare Part A and Part B retroactive to July 2018. I have a multitude of old claims to clarify, but am confident that I now have the insurance I need to continue my care uninterrupted. What a relief!

WHAT I’VE LEARNED:

DON’T assume that because you’re younger than 65 you can ignore Medicare. If you are on SSDI, you will need to make a decision about whether to enroll.

DO take good notes of your conversations. Include dates and times, as well as the names of those with whom you’ve spoken. These can be invaluable.

DON’T assume you are getting complete and accurate information from the Social Security Administration or Medicare. These programs can be complex, staff may not be adequately trained, and the consequences of making a mistake can be severe.

DO seek professional help and counsel. Lifespan provided solid advice at no charge. If you’re not in Monroe County you can call HIICAP at 1-800-701-0501 to find out where these services are provided in your area.

DON’T be embarrassed to ask for help. It’s far worse to make a mistake and then spend precious hours and days of your life trying to fix it, or to find yourself underinsured and unable to afford lifesaving care.

DO reach out to your congressional representative for support and advocacy if necessary. They have staff specifically designated to deal with assisting constituents with federal agencies and can be a valuable resource.
THE 17TH ANNUAL CINDY L. DERTINGER
ADVANCED BREAST CANCER SEMINAR

Tools for the Journey

LIVING WITH METASTATIC BREAST CANCER

FRIDAY, OCTOBER 9, 2020

Held virtually, via Zoom. Register today:
www.BreastCancerCoalition.org/advanced-breast-cancer-seminar/

THOMAS CAMPBELL, MD, Highland Hospital
“Nutrition and Cancer: Hope and Unanswered Questions”

CARLA FALKSON, MD, Comprehensive Breast Care at Pluta
“Updates in Treatments and Emerging Therapies”

TZIPORAH ROSENBERG, PHD, University of Rochester Medical Center
“Psychosocial Needs When Facing a Cancer Diagnosis”

PAT BATTAGLIA, Survivor Speaker

ANDREA REYNOLDS, Survivor Speaker

MODERATOR: FARHAN IMRAN, MD, Rochester Regional Health

M&T Bank provides funding for this event in memory of their friend and colleague, Cindy L. Dertinger.

Reservations are required.

Contact Breast Cancer Coalition: (585) 473-8177 or jennifer@BreastCancerCoalition.org

Peeps in the Park!

Our Common Ground group for those living with metastatic breast or gynecologic cancer meets virtually every week. Our members have formed close bonds and take every opportunity to gather informally. When COVID-19 limited the places where these gatherings could safely occur, the warm summer weather opened an opportunity. Some of our “Peeps”, as group members have come to call themselves, have begun organizing socially distant get-togethers in Channing Philbrick Park. The conversation, as usual, is sometimes serious, often outrageously joyful, sprinkled generously with laughter, and always supportive.

Common Ground is a safe place to land for those in our community who are living with advanced disease. For more information about the group, please call 585-473-8177 or go to BreastCancerCoalition.org.

Holly Popiwny, Anne Wells, Nancy Gramkee-Cuer, Mary Follmer, Diane Mason, Margaret Pothier

BreastCancerCoalition.org
In response to national unrest surrounding the Black Lives Matter movement, our Director issued a statement, included in the previous issue of our newsletter, explaining why racial disparity issues matter to us at the Coalition. Declaring that “Racism has long been a factor we see in the disparities in cancer diagnosis and treatment,” the statement has the full support of our staff and Board of Directors because it is based on sound evidence.

According to the Centers for Disease Control, “Black women and White women get breast cancer at about the same rate, but Black women die from breast cancer at a higher rate than White women.” Furthermore, Black women are more likely to be diagnosed with triple negative breast cancer, a subtype of the disease that presents challenges to treatment. And breast cancer of any type is more likely to be discovered at a later stage in Black women. The National Cancer Institute’s Surveillance, Epidemiology, and End Results (SEER) database shows that White females were diagnosed with breast cancer in 2017 at a rate of 131 per 100,000, while the rate for Black women in the same year was about 124 per 100,000. However, approximately 20 White women per 100,000 die annually from the disease, while the death rate for Black women is nearly 27 per 100,000. Racial differences in tumor biology appear to be minimal and do not account for this disparity in outcomes among Black and White women diagnosed with breast cancer.

Of course, incidence and mortality numbers more clearly reveal the human impact of the statistics and percentages cited here. See the accompanying graphic (on page 23) for the numbers in New York State and Monroe County.

Non-Hispanic Black people are the second-largest ethnic minority group in the United States, comprising thirteen percent of the population. It is a diverse group that, taken as a whole, has the highest death rate and shortest survival of any racial or ethnic group in the nation for most cancers. The causes of these inequalities are complex and reflect social and economic disparities that involve cancer risk, as well as differences in access to health care.

Having access to health care simply means that a person is able to obtain needed health services in a timely manner. It involves the ease of gaining entry into a health care system, adequate insurance coverage, the location of health care facilities in easily accessible areas, reliable transportation to and from medical appointments, and finding trusted health care providers.

A Physician’s Perspective

Farhan Imran, M.D., is a physician specializing in hematology and oncology at the Lipson Cancer Center. He serves a diverse patient population and has written eloquently about his experiences as an immigrant and non-black person of color in the medical field.* His patients represent all races and diverse socioeconomic backgrounds.

“Overall I would say that the outcomes [of breast cancer treatment] have been quite similar in my patient population,” he states. Reflective of the national trend, he has noted a slightly higher incidence of triple negative breast cancer in his black patients. “Fortunately the cure or success rate is quite high for majority of breast cancers in both Black and White patients,” he adds.

Noting that his White patients tend to thoroughly research their disease, he acknowledges a number of highly motivated Black patients who do the same and ask pertinent, if sometimes difficult-to-answer questions. “One of my dear Black patients insisted that I quote her studies where certain chemotherapy regimens were tailored to Black women. I told her that, unfortunately, the representation of Black women in clinical trials is lower than White women. As a result, we may not have clinical data that apply purely to Black women.”

Continued on page 22.
A Gynecologic Oncologist Speaks:  
**AN INTERVIEW WITH ASHLEE SMITH, D.O.**  
*By Pat Battaglia*

**Ovarian Cancer Updates and So Much More**

As a recent addition to the gynecologic oncology health care community in our region, Ashlee Smith, D.O. treats patients within the Rochester Regional Health Care system. She kindly agreed to share her thoughts with our readers.

*Q* I want to welcome you to the Rochester region. Would you mind providing a little background on yourself and share what brought you to our area?  
**Dr. Smith:** I am originally a “Central-New-Yorker”. In the past several years, I have completed medical school, residency, fellowship, and worked in various locations across Pennsylvania. When the opportunity to practice in Rochester presented itself, we were happy to relocate closer to family.

*Q* We’re happy to have you here. What drew you to specialize in treating people with gynecologic cancer?  
**Dr. Smith:** I was drawn to the field of gynecologic oncology because it provides the opportunity for me to develop relationships not only with my patients, but with their families as well. In this specialty, I am able to care for women from the time of their diagnosis, through their surgery, through their chemotherapy/radiation treatment, and sometimes when necessary, to the end of their lives. I treat my patients like they are my family. I am thankful they allow me to care for them during such a challenging time and therefore make it my promise to them to do the best I can for them each day.

*Q* I’ve read and heard about recent updates to the NCCN guidelines for ovarian cancer treatment. What changes might patients see in their care as a result?  
**Dr. Smith:** Recent updates to the NCCN guidelines for ovarian cancer treatment primarily focus on the ability to individualize cancer care for women with this diagnosis. There have been advancements in studying tumor biology, molecular alterations, and tumor pathways identified that we can now try to specifically target with some of the newer therapeutic agents. Newer classes of medications such as immunomodulators and anti-angiogenic agents have been well studied in other disease sites and are now available to us for use in certain gynecologic malignancies. There have been new developments and recommendations regarding maintenance therapy following completion of standard chemotherapy. Also, we have made advancements in our ability to offer fertility-sparing surgical options for women who desire to retain their fertility. Additionally, we continue to make advancements in genetic testing, which is essential for patients with the diagnosis and their family members.

*Q* Are there any recent developments in the detection or treatment of other gynecologic cancers?  
**Dr. Smith:** Advancements in the detection of gynecologic cancers have been helped in part by the expansion of genetic testing. Identifying patients with genetic mutations and knowing which cancers they may be predisposed to help us to enhance screening for those patients and, in some cases, complete risk-reducing surgeries in an effort to ensure these people will not develop particular cancers. Much like for ovarian cancer, there are some newly developed treatment strategies that are showing promise in some other gynecologic cancers as well. There has been a resurgence in the interest of some intraperitoneal chemotherapy techniques [in which chemotherapy drugs are infused directly into the abdominal cavity] that are already standard for other disease sites.

*Q* Which of these recent advances do you feel have the greatest potential to impact lives for the better?  
**Dr. Smith:** In my opinion, genetic testing has brought about the most advancements and has the greatest potential to impact lives at this time. Regular health maintenance is essential for the general population, and is something we often overlook - for example, screening mammograms, colonoscopies, and pap smears. The real ability to impact disease outcomes lies in the ability to catch these cancers when they are in their earliest stages, as that is when they are most treatable.

*Q* What gives you hope?  
**Dr. Smith:** At the end of the day, I am hopeful! We are all facing some challenging times. I think that the “unknown” is what is most scary for people. Having a team of people around you to love you and support you is essential. As we weather the unknown together, we can all find strength from each other in varying ways. I encourage everyone to remain vigilant about their health and their care. We are all our own best advocates. My family gives me hope. My patients give me hope. I am hopeful that someday we will be able to beat cancer...for everyone!
BREAST OR GYN CANCER 101
These are one-to-one sessions to assist newly diagnosed individuals manage the complex tasks and emotions of a breast or gynecologic cancer diagnosis. We empower 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 the individual formulates a personal strategy for making informed decisions. Also valuable for a gynecologic or breast cancer survivor at any stage of their journey.
Contact us for an appointment.

PALS PROJECT
Breast Cancer Coalition
In this peer mentoring program, individual breast and gynecologic cancer survivors reach out to those who are more recently diagnosed, 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.
Call today to learn how to join the program and be paired with a mentor who has been there, or if you would like to become involved as a mentor.

HEALING ARTS
Although we remain open, for your safety we are pleased to offer all our programs virtually during the COVID-19 crisis. Our schedule remains fluid as we react to ongoing social distancing guidelines. Please contact us for program updates.

Gentle Yoga
Gentle Yoga includes breathing exercises, gentle and restorative yoga postures, and mindfulness exercises. Yoga activates a relaxation response and can help relieve feelings of anxiety and can help people with cancer reconnect with their body. The goal of the class is to relax, be mindful, and to improve range of motion and flexibility.
Classes are 75 minutes in length. Participants benefit most when they are present for the full duration of each class in a 4 to 6 week session of classes.

Rochester (virtually via Zoom)
- Monday morning and evening
- Tuesday morning and afternoon
- Saturday morning
- Sunday morning

All Region (virtually via Zoom)
- Monday evenings
- Wednesday evenings

Mindfulness & Meditation
A way of connecting with your natural state of mind and breath to calm the mind. The goal is to improve your ability to relax, concentrate, and be aware of the present moment. Classes are 1 hour and 15 minutes.

Rochester (virtually via Zoom)
- Offered Tuesday or Thursday afternoons and Saturday mornings

All Region (virtually via Zoom)
- Wednesday evenings

Tai Chi
An ancient martial art that consists of a series of small, specific movements combined with deep, relaxation breathing. Tai Chi’s goal is to improve your ability to relax and de-stress, and has other benefits such as decreasing falls in the elderly and reducing arthritis. Classes are 1 hour and 15.

Rochester (virtually via Zoom)
- Offered Saturday mornings and Thursday afternoons

Qi Gong
A traditional Chinese practice combining meditation, controlled breathing, and movement to balance the flow of energy (qi) within the body. The goal is to improve overall health, combat stress, and promote healing. Classes are 1 hour and 15 minutes.

Rochester (virtually via Zoom)
- Thursday afternoons or Saturday mornings

Voices & Vision
An engaging writing class for those interested in thinking creatively while recording personal experiences, memories, feelings, and thoughts. Each week you will respond to prompts that challenge you to reflect on the broader aspects of life’s journey. For those interested, there will be opportunities to share your writing with the group.

Rochester (virtually via Zoom)
- Offered throughout the year; runs for five week series.

Call us at (585) 473-8177 or email us at info@BreastCancerCoalition.org if you have any questions, want to enroll in a class, or want to be added to our mailing list.
Although we remain open, for your safety we are pleased to offer all our programs virtually during the COVID-19 crisis. Our schedule remains fluid as we react to ongoing social distancing guidelines. Please contact us for program updates.

GIVE AND GET SUPPORT

**Breast & GYN Cancer Group**
Gather, support, network, and discuss your journey with others diagnosed with breast or gynecologic cancer. Professionally facilitated.
No registration required.
Rochester (virtually via Zoom)
- Discussion Group: 2nd and 4th Tuesday of the month, 5:30-7:00 p.m.
- Discussion Group: 1st and 3rd Thursday of the month, 5:30-7:00 p.m.
All Region (virtually via Zoom)
- Discussion Group: 2nd and 4th Monday of the month, 5:30-7:00 p.m.

**Brown Bag Discussion Group**
Each week a group of breast and GYN cancer survivors gather to discuss a wide variety of topics. Bring your lunch and we provide delectable treats.
No registration required.
Rochester (virtually via Zoom)
- Fridays at 12:00 noon.
All Region (virtually via Zoom)
- 2nd and 4th Thursday of the month, 12:00 noon.

**LGBTQ+ Breast & GYN Cancer Group**
This monthly group offers support to LGBTQ+ breast or gynecologic cancer survivors and their partners. Professionally facilitated.
No registration required.
Rochester (virtually via Zoom)
- Discussion Group: 4th Wednesday of the month, 5:00-6:30 p.m.

**Common Ground:**
Living with Metastatic Breast or Gynecologic Cancer
Join others coping with a diagnosis of metastatic breast or gynecologic cancer. Professionally facilitated.
Rochester (virtually via Zoom)
- Discussion Group: Thursdays, 1-3:30 p.m. Although the discussion is topic-based, all concerns of those present are addressed. **No registration is required.**

**Common Ground Partners:**
Partners of Metastatic Individuals
Professionally facilitated group for partners/spouses of those living with metastatic (or advanced) cancer.
No registration required.
Rochester (virtually via Zoom)
- Discussion Group: 3rd Tuesday of every month, 5:30 - 7:00 p.m.

**Surviving & Thriving on Aromatase Inhibitors**
Through increased movement, stretching exercises, and nutrition, this ground-breaking program provides information, support, and empowerment for those prescribed aromatase inhibitors* who are experiencing joint pain or other side effects. (*Estrogen blocking medication prescribed for hormone receptor positive breast cancer.)
Rochester (virtually via Zoom)
- Wednesdays: September 2, 9, 16, October 14, 5:30 - 7:30 p.m. **Registrants must commit to all four sessions.**
This program is supported with funds from the State of New York Department of Health.

**Parent Networking Group**
This discussion-based group supports parents who are coping with the unique challenges as they face their adult child’s breast or gynecologic cancer diagnosis. Professionally facilitated. **No registration required.**
Rochester (virtually via Zoom)
- Discussion Group: 1st Tuesday of the month, 5:30-7:00 p.m.

**Young Survivor Gathering**
A young survivor may identify with those who have faced breast or gyn cancer in the midst of a career climb, while raising children, or perhaps whose family plans have been derailed by treatment. We hold these gatherings four times a year as an informal and fun way to connect with others who have walked a similar path.
Rochester (virtually via Zoom)
- Call or email today to be added to our invitation list.

BreastCancerCoalition.org
Autumn 2020

BreastCancerCoalition.org

Program Director Update

By Jennifer Gaylord

Silver Linings

Throughout these long months of the pandemic with sheltering in place, wearing face masks and social distancing, many of us have reflected on the “silver linings” of these unprecedented times; those positive nuggets of joy that we may not otherwise have experienced. For me, it is spending much more time with my three sons than they would have ever tolerated under the usual circumstances. My 20 and 21 year old sons would have been at college and then busy with summer jobs and friends. In the absence of a pandemic, this time would have been just a series of hellos, goodbyes, the never-ending ask for a few bucks and search for the car keys before they ran out the door. For my youngest 16 year old son, this time should have been spent getting his driver’s license and his first summer job. But the pandemic slowed life down. We played card games, had family movie nights, and prepared elaborate meals. We took walks together and bike rides on the canal. I gladly received morning and good-night hugs from all my men. I am so very grateful for each of these moments!

These “silver linings” are quite apparent to us at the Coalition as well. With a few exceptions for those who do not have access to the internet or a compatible device, isolated survivors have been able to take advantage of all our programs from the comfort of their homes. Many survivors who were sheltering in place in other states and even other countries received support from our networking groups, healing arts programs, and educational evening seminars. We have served program participants from all over New York State, Florida, North Carolina, Costa Rica, and even Bangkok!

Attendance at our virtual Evening Educational Seminars has been phenomenal. Approximately 140 took part in the August regional seminar with Dr. Michelle Shayne, who spoke on “Reducing Risk of Recurrence.” For a recent Young Survivor Soiree, the Coalition organized a fun filled culinary demonstration with Chef Cristina Ortiz. Our staff rallied to deliver the ingredients to the participants so they were ready to follow Chef Ortiz via Zoom in making Asian dumplings. Nearly 100 survivors have benefitted from a Breast or Gynecologic Cancer 101 during these trying months. Each received a personal delivery of a PALS Pak filled with a handmade quilt, educational and inspirational books, hand sanitizer, face masks and many thoughtful post-surgical and comfort items. Each newly diagnosed person was matched with a mentor for support on their journey.

The COVID-19 pandemic has tested us all. The Coalition has risen to the occasion to continue to provide quality virtual programs to survivors far and wide!

To find out more about Breast Cancer Coalition’s virtual programming, please contact Jennifer at Jennifer@BreastCancerCoalition.org or visit our website at BreastCancerCoalition.org!

Jennifer Gaylord

LEARN

Book Club
If a traditional support group isn’t for you but you still like the idea of participating in a supportive community join our Book Club.

Rochester (virtually via Zoom)
• 4th Thursday of the month, 6:00-7:30 p.m.

October 22: The Winter Soldier, by Daniel Mason
Facilitator, Theo Munson

Lymphedema Awareness Network (LANROC)
For anyone living with lymphedema. Caregivers, lymphedema therapists, medical personnel, and those at risk for developing lymphedema are welcome. Professionally facilitated. No registration required.

Rochester (virtually via Zoom)
• 2nd Wednesday of the month, 5:30-7:00 p.m.

20th Annual

LIVES TOUCHED, LIVES CELEBRATED

OCTOBER 28, 2020
7:00 PM

This virtual program will honor and pay tribute to the lives of those who have been touched by a diagnosis of breast or gynecologic cancer.

The evening will include inspirational speaker, Rev. Carol Holtz-Martin, survivor reflections, poetry and uplifting musical performances.

BreastCancerCoalition.org
Supporting our LGBTQ+ Friends with Respectful Language

By Jeannie Gainsburg, author of The Savvy Ally

Wondering how you can support LGBTQ+* members of our survivor community or any LGBTQ+ folks you may know? Use language that acknowledges and affirms them and their loved ones. Taking the time to learn LGBTQ+ etiquette is a kindness that we can offer our LGBTQ+ friends, coworkers, and family members. Here are four respectful language tips to implement to help LGBTQ+ folks feel respected and supported.

* Lesbian, gay, bisexual, transgender, queer/questioning, plus so much more!

**TIP # 1:** AVOID THE WORD LIFESTYLE.
Living in the woods without a flush toilet is a lifestyle. Just as there is no straight lifestyle, there is also no gay lifestyle. Being LGBTQ+ is just who someone is.

**TIP # 2:** USE UNGENDERED TERMS
Using words that don’t assume gender is an easy way to create more welcoming and inclusive spaces with our language. Even when we think we’re in women-only spaces, it’s important to use ungendered terms. We can’t tell how people identify just by looking at them. Swap out words like ladies, women, men, and guys, for friends, folks, team, or everyone. Use partner, partners, or special person or people, instead of husband or wife.

**TIP # 3:** MIRROR LANGUAGE.
Listen carefully to how people refer to themselves and their loved ones and mirror that language. If we don’t know the terms people use, we should begin with ungendered language, as mentioned in Tip #2. However, once someone uses an identity word, we should switch and mirror that language. For example, if someone introduces their partner as their wife, you now have valuable information on how to be respectful to this person. From now on, refer to their partner as their wife.

**TIP # 4:** USE THE WORD ORIENTATION RATHER THAN PREFERENCE.
Preference means having a partiality or fondness for something (e.g., “I prefer martinis, but a margarita will do.”) Orientation is part of someone’s identity, not something they choose. So, say sexual orientation, not sexual preference.

**POP QUIZ:** You just finished reading this article and realized that you previously messed up with the term you used for someone. You should (choose all that apply):

A) Give up. You’re obviously a terrible person.
B) Forgive yourself. We all make mistakes.
C) Put in the work to get it right the next time.

Answer: B & C

We all make mistakes. It is inevitable. When we mess up, we should apologize, forgive ourselves, and then put in the work to get it right the next time.

**TIP # 4:** USE THE WORD ORIENTATION RATHER THAN PREFERENCE.
Preference means having a partiality or fondness for something (e.g., “I prefer martinis, but a margarita will do.”) Orientation is part of someone’s identity, not something they choose. So, say sexual orientation, not sexual preference.

Wish you knew more tips for supporting LGBTQ+ people, including how to get it right the next time?


BreastCancerCoalition.org
When autumn arrives in Upstate New York, it brings vibrantly colored leaves, an abundant harvest, crisp apples, and so much more. It’s also the season when we close our windows against the chilly breezes. According to the Silent Spring Institute, “Cleaning products often contain volatile and semi-volatile chemicals—substances that evaporate into the air in gas form, and can contribute to indoor air pollution.”* Fragrances, solvents, and detergents often contain chemicals of concern, and the labels of cleaning products often do not include these ingredients. In addition, some cancer treatments can result in increased sensitivity to fragrances and other substances in household cleaners that may have been previously tolerated. In a snug, safe, secure home that’s sealed against the elements, the problem can compound.

Kate McArdle of the New York State Pollution Prevention Institute at Rochester Institute of Technology addressed the topic of safer cleaning products at our July 2020 Evening Seminar entitled Clean, Green, and Healthy. She offered the list below of simple, non-toxic cleaning ingredients and ways to use them.

In addition, there are tools available to help consumers choose the safest possible commercial products. The Detox Me app is offered by the Silent Spring Institute and the Environmental Working Group’s Guide to Healthy Cleaning. Go to silentspring.org or ewg.org for complete information.

Whether you’re in a caregiving role for a cancer patient or are simply interested in safe, non-toxic, effective (and often less expensive) options for home care, there are gentle, safe alternatives to help ensure clean, healthy indoor spaces all year long.

*Klentspring.org

<table>
<thead>
<tr>
<th>PRODUCT</th>
<th>USE</th>
<th>PRACTICAL EXAMPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baking soda</td>
<td>Clean, Deodorize, soften water, Scour</td>
<td>Clean toothbrush, hairbrush, soap scum in shower/tub</td>
</tr>
<tr>
<td>Unscented, non-antibacterial soap</td>
<td>Clean a huge range of materials and surfaces</td>
<td>Hand soap, dish soap</td>
</tr>
<tr>
<td>Lemon</td>
<td>Fight household bacteria</td>
<td>Rub on cutting board, grind in garbage disposal</td>
</tr>
<tr>
<td>Borax</td>
<td>Clean, deodorize, disinfect, soften water, clean floors, wallpaper, and printed walls</td>
<td>Alternative to bleach, boosts soaps and removes stains</td>
</tr>
<tr>
<td>White vinegar</td>
<td>Cuts grease, removes mildew, odors, some stains, and wax build-up</td>
<td>Remove grease from clothes, towels, carpets, rugs; use in place of liquid fabric softener</td>
</tr>
<tr>
<td>Cornstarch</td>
<td>Clean windows, polish furniture, shampoo carpets and rugs</td>
<td>Absorbs smell; sprinkle on carpet, let sit for 30 minutes and vacuum up</td>
</tr>
<tr>
<td>Citrus solvent</td>
<td>Cleans paint brushes, oil and grease, some stains</td>
<td>Clean paint materials</td>
</tr>
</tbody>
</table>

*Used with permission from the New York State Pollution Prevention Institute.
Gentle Scrubbing Cleaner

You will need:
• Baking soda (start with about ½ cup; use more or less according to your needs)
• Dish soap
• Water
• Lavender or other essential oil (optional)

Place the baking soda in a small container that has a tight-fitting lid. Add a teaspoon of dish soap then stir in just enough water to create a frosting-like consistency. Stir in 10-20 drops of essential oil (if using). This can be used on sinks, tubs, showers, countertops, and anywhere you might need a gentle abrasive cleaner (test it on an inconspicuous area first if you’re not sure). Place the lid on the container to store what’s left when you’re finished. Or make a batch for another day if you’ve used it up – it’s quick and easy!

Slow Cooker Tomato Basil Soup
(Adapted from damndelicious.net)

A creamy, delicious, easy-to-make comfort food! Serve with optional Parmesan Cheddar Croutons (recipe below) or pair it with your favorite grilled cheese sandwich.

You will need:
2 (28-ounce) cans whole peeled plum tomatoes with basil
1 (15-ounce) can tomato sauce
1 1/2 cups vegetable broth
3 cloves garlic, minced
1 onion, diced
1 red bell pepper, diced
2 tablespoons tomato paste
1 1/2 teaspoons dried oregano
1 teaspoon sugar
1/2 teaspoon kosher salt
1/2 teaspoons freshly ground pepper
1/3 cup heavy cream
1/3 cup chopped fresh basil

Place tomatoes into a 6-qt slow cooker. Stir in tomato sauce, vegetable broth, garlic, onion, bell pepper, tomato paste, oregano, sugar, salt and pepper until well combined.

Crush the tomatoes into chunks using the back of a spoon.

Cover and cook on low heat for 7-8 hours or high heat for 3-4 hours.

Stir in heavy cream and basil; season with salt and pepper to taste. Serve. (If you prefer a creamier texture, puree in a food processor, blender, or with an immersion blender until the desired consistency is reached before adding cream and basil.)

Parmesan Cheddar Croutons

4 cups (1-inch) French bread cubes
1 cup shredded extra-sharp cheddar cheese
1/4 cup freshly grated Parmesan

Preheat oven to 375 degrees F and lightly oil a baking sheet. Spread bread cubes in a single layer onto the prepared sheet then sprinkle with cheeses. Place into oven and bake until crisp and golden, about 10-12 minutes, stirring halfway; set aside and let cool.
Golfing for a Good Cause
by Meredith Utman

Our 18th Annual Tee’d Off at Breast Cancer Golf Tournament on Tuesday, August 18th was a huge success! 132 golfers enjoyed a beautiful day on the links at Ridgemont Country Club while staying safe. Proceeds from the event, which netted over $35,000, help the Coalition fulfill our mission of empowering those touched by breast or gynecologic cancer through education, support, advocacy, and research.

It was mostly blue skies and sunshine out on the course as participants took full advantage of this opportunity to gather safely outside for a great day of golf. The first-place men’s team was comprised of Chris Bayer, Tom Broccolo, Pat Ward and Michael Broccolo. Michele Romano, Daryl Perlo, Joy Florziak, and Bridget Leipold were the winning women’s team, while Carla Edmister, Jim Edmister, Sheila Hayes and Rocky Stuewe snagged the win for the top mixed team.

Jeffrey Childs and Deb Bricker won the Closest to the Pin contest on Hole #4 at 4’8” and 35’ respectively, while Joe Kinney and Rae Lea Jacobson triumphed in the Longest Drive contest on Hole #12.

We extend our most heartfelt gratitude to all of our participants, sponsors, donors, and volunteers who came together and made this event spectacularly fun, festive and successful.

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FROM THE REGIONAL SERVICES DIRECTOR

Updates from the Region

By Miriam Steinberg

During these times of social distancing, it’s great to see how the human spirit comes through in a positive way. COVID19 has shifted the way we interact with each other, but at the end of the day, people still need contact. Figuring out a way to do this safely can be challenging. While Zoom and other video conference platforms have definitely filled a need, nothing compares to face-to-face – or a mask-to-mask – socially distant get-together. There’s a group of women in Dansville who are cancer survivors that get together once a month to support each other. They haven’t been able to do this for a while due to the restrictions of COVID but they’ve figured out a way to safely continue their gatherings. I took a drive to Dansville in early August to catch up with them and find out how everyone was handling life during the pandemic and I was not disappointed. With facemasks they were able to safely gather together and do what they do best; support each other while they talk about how they are surviving and living their lives in the aftermath of cancer with laughter and grace.

The silver lining to offering our programming via Youtube and Zoom is that people throughout the region can try out new classes with facilitators in different cities now that geographic location is no longer an issue. Now is a good time to try something new.

Keep an eye on the website calendar for updates and schedules for the regional programming and always feel free to email or call me if you want further information about any particular session at miriam@breastcancercoalition.org, 585-473-8773 ext 310.
In the midst of her busy life as the mother of two young girls and a full-time teacher, Bethann Miller was just 39 when she found a lump on her left breast. “It’s probably nothing,” she thought. Still, as a precaution, she scheduled a doctor’s appointment. After undergoing a mammogram, she learned the lump was a benign cyst, and happily went about her day to day life. From that point until age 48, Beth continued with annual screening mammograms and, due to her dense breast tissue, ultrasounds as well. Occasional small cysts were found and excised, and she always received the same message: all is well.

As time went by, little things happened that concerned her. When an aching shoulder and intermittent chest pain resulted in a cardiac evaluation, the results showed her heart was “ticking like a champ”. Beth also found herself more tired than usual, but wrote off her fatigue to the stress of working and parenting her teenage daughters. Most disconcerting to her was losing her appetite. Food no longer interested her; even the sweets she admits were her favorite. In hindsight, Beth believes these little things were messages from her body that something was wrong.

At her annual mammogram in March 2015, Beth spoke with the radiologist about the fact that cysts had occurred in the same area of her breast every year for the previous nine years. This discussion raised a red flag with the radiologist, prompting her to suggest a biopsy as a precautionary step.

The biopsy was on a Monday. Beth was told to expect a call on Wednesday night around 5:00 and to be in a place where she’d feel comfortable discussing the results. That Wednesday, she was at work doing unit planning with some of her colleagues when her phone rang at 5:30. Beth excused herself, saying she would be right back. Unfortunately, the radiologist shared that the biopsy showed invasive ductal carcinoma. Shocked, Beth hung up the phone and sobbed. She called her husband to let him know and tried to pull herself together. When she didn’t return to her coworkers, one of them checked on her and quickly ran to get another teacher who was also a breast cancer survivor. With the compassionate counsel of both these friends – and a box of tissues – Beth was able to get in her car and drive home.

As she drove, Beth tried to make sense of it all. Just moments before, she was planning the rest of her units and thinking about spring break. This didn’t seem possible. She became nauseated and had to pull over to the side of the road for a moment before continuing.

Beth and her husband wanted to get a handle on things before saying anything to their daughters. Her nurse practitioner encouraged them to not wait too long before sharing the news. So, after two days of scheduling appointments and beginning to form a treatment plan, Beth felt more comfortable fielding their questions and concerns. When the family gathered for a meeting, the girls knew it was serious. Beth’s husband said, “We have to talk to you. Your mother has cancer.” Their daughters replied, with some relief in their voices, “Oh! We thought you were getting a divorce!” Beth recalls laughing about it; the girls knew something was wrong and the worst thing in their minds was the thought of their parents divorcing!

After choosing a surgeon with whom she felt at ease, Beth underwent an MRI. This indicated her tumor was between two and three centimeters in size with no obvious lymph node involvement. She opted for a lumpectomy and a sentinel lymph node biopsy, feeling it was the least invasive option available to her. Unfortunately, the pathology results showed cancer in her sentinel node and the tumor was larger than the scans indicated. She was referred to a medical oncologist who recommended chemotherapy as the next course of treatment.

Continued on page 20.
BETH MILLER, continued

That suggestion made Beth nervous. She lives an active lifestyle and was unsure how chemo would affect her body. In a quest for guidance and support, Beth reached out to the Breast Cancer Coalition. She attended a Breast Cancer 101 session with so many questions swirling in her mind, she didn’t know where to start. She was met with support, a listening ear, and suggestions that empowered her to communicate clearly with her medical team about her treatment options.

Beth forged ahead with chemo, relying on several different anti-nausea medications to get her through. She also consulted a nutritionist and a naturopathic physician, who performed acupuncture treatments throughout chemo, and credits that approach with helping her cope with the side effects. Ultimately, chemotherapy was successful: the tumor shrank.

After chemo, Beth felt confident in her decision to undergo a bilateral mastectomy with reconstructive surgery, which took place in November of 2015. Afterwards, the pathology results unexpectedly revealed her tumor actually measured six centimeters in diameter.

In January 2016, Beth was recovering and preparing for a second reconstructive procedure when her oncologist recommended a course of radiation treatments. Beth questioned this. She had two consultations with the radiology oncologist to discuss the benefits the treatment would have for her. She needed information. Beth confided to her medical oncologist that she was uncomfortable going ahead with radiation without data to confirm the possible benefits to her. This oncologist then consulted with her radiology oncologist. Together, they found studies that supported the benefit of radiation for Beth in her specific situation. This was the information she needed to support her decision, and Beth proceeded with radiation. Afterward, she went on to complete her reconstructive surgery. As an educator, having accurate information and doing her due diligence before making her decision was important to Beth.

A natural-born teacher, Beth actively seeks knowledge and is open to learning new lessons. Although she admits cancer is one of those tough, scary teachers you sometimes run across, it nevertheless made her sit up, pay attention, and learn. Before cancer, she feels she wasn’t ‘living’ life as much as she was ‘doing’ life. Cancer forced Beth to step back and reevaluate everything. As a result, she made a concerted effort to be more fully present. Acknowledging occasional lapses back into old patterns, she has learned to refocus and re-center herself. Beth now makes it a point to seek out things that bring her joy and to ripple out that joy to others.

At the Coalition, Beth found a safe, welcoming space with kindred spirits who understood what she was going through. After her active treatment was over, she had a strong desire to give back for all she had received through her journey. She attended Brown Bag Fridays, joined the programming staff for a time, and became a PALS mentor. Currently a member of our Regional Community Outreach Committee, Beth wants breast and gynecologic cancer survivors in regions surrounding Rochester to participate in the robust programming and services that were so helpful for her. For Beth, the Coalition rippled out hope by connecting her with people who listened when she truly needed to be heard.

A PERSONAL JOURNEY: BETSY CRUMITY, continued from page 3.

hormone medication targeting my estrogen-based cancer, I found a wonderful resource in my third and last Big Sister: the Coalition. This organization is in it for the long haul. Its resources may not include a yellow Datsun 280zx (maybe pink?) but I feel as if I’m riding in style with this Big Sister. The tools and resources of the Coalition are helping me heal. Because of this Big Sister, I have taken Fluid Motion classes and Gentle Yoga sessions, learned how to cope with the side effects of my hormonal medication through Surviving and Thriving on Aromatase Inhibitors, experienced the support of other survivors at Brown Bag Lunches, and attended the 15th Annual Cindy L. Dertinger Advanced Breast Cancer: Tools for the Journey seminar. And there’s so much more. As an Advocacy Committee member, I’ve met with lawmakers in Albany to discuss important issues for survivors. I am connected with others who are also in it for the long haul.

I’m inspired by a book, titled Welcome to Your Crisis: How to Use the Power of Crisis to Create the Life You Want, by Laura Day. Here’s a quote from the book:

“In the field of medicine, the word crisis has a specific meaning: that sudden point in the course of a disease when the disease either gets dramatically worse or turns around and gets dramatically better. Our everyday crisis presents us with similar junctions, at whom our lives can turn dramatically worse or dramatically better depending on the actions we take.”

In my childhood crisis, my mother took action and found a resource in Big Sister/Big Brother to make my path through crisis better. As an adult in crisis with a breast cancer diagnosis, I took action and found the resources at the Coalition to make my path one of healing; a journey dramatically better.
Federal Funding Helps Breast Cancer Research

by Helene Snihur

Thanks to advocacy efforts by the National Breast Cancer Coalition, breast cancer research has been supported with federal funding from the Department of Defense (DOD) since 1992. According to the Congressionally Directed Medical Research Programs website, the DOD’s Breast Cancer Research Program (BCRP) funded 6,935 projects in the fiscal years from 1992 to 2018. In the fiscal years from 1992 to 2019, Congress appropriated more than $3.6 billion dollars for the BCRP.

Why is medical research funded through the Department of Defense? The research benefits everyone, including military Service members and veterans. Female active duty Service members, for example, have a 20-to-40 percent higher incidence rate of breast cancer than the general public.

The DOD BCRP program has had significant results. Research that led to the development of Herceptin, which was approved in 1998 for treatment of metastatic breast cancer, was supported by BCRP funding. Other studies have explored new methods of extracting breast cancer cells at their earliest stage and studied how genes interact with their environment.

In addition, in 1998 the U.S. Postal Service issued a new first-class stamp, the Breast Cancer Research Semipostal. It was the first semipostal in U.S. history. Net revenue from the sale of the stamps is used to support the DOD BCRP and breast cancer research funded by the National Institutes of Health. Stamp-supported research has examined the relationship between environmental exposure and breast cancer, how to enhance the anti-tumor immune response, and predicting biomarkers for response of triple-negative breast tumors to chemotherapy and radiation therapy.

Just 40 years ago, it was assumed that all breast cancers were the same. But research over the ensuing decades has shown how complex a disease it is. Every research study, every experiment, can help lead to advancements in prevention, detection, and treatment of breast cancer and, ultimately, to a cure.

Lisa Tydings: A Tribute by Annie Murphy

I met Lisa in 2012 when she was in treatment for breast cancer. I was always amazed by her sunny, upbeat demeanor. Fast forward to 2017, when I was diagnosed with breast cancer. Lisa was one of the first people who reached out to me. She was always there with advice, support, and her ever positive spirit. Lisa enjoyed six years with no evidence of disease before being re-diagnosed in 2018. She remained positive, hopeful, and even grateful through the many ups and downs she faced. I never once heard her complain. Never a “why me?” I learned so much from watching how she lived her life. Every. Single. Day. She is a lesson in grace. Lisa leaves behind a wonderful husband and four beautiful children. They are never far from my prayers.

You never know what someone is going through. Be kind. Always.
Strong social networks, including faith communities, and deep-seated resilience characterize many of Dr. Imran’s Black patients, he says. However, he has observed a hesitancy to place complete trust in health care providers among some of his Black patients. He responds with compassion. “Sometimes I feel that black women find it harder to trust their doctors initially but once they get comfortable with their care teams, they put their blind trust in you and will be ever grateful and thankful for the care they receive.”

A Survivor’s Story

Indicative of the high quality cancer care available in our region, Sheila Searles-Fairey’s breast cancer experience is one of empowerment, although life-altering in its impact.

When she was diagnosed with the disease in the fall of 2015, Sheila had no outward indication that anything was wrong. But an area of concern was detected on her breast during an annual screening mammogram and, from that point, events unfolded quickly. A biopsy confirmed a diagnosis of estrogen-receptor positive breast cancer and, shortly afterward, Sheila underwent a lumpectomy. Unfortunately, a second mass was unexpectedly found by her surgeon during the procedure, resulting in a second surgery to ensure all traces of cancer were removed. After completing radiation treatments and beginning a daily regimen of a hormonal medication directed at her estrogen-based tumor, Sheila is healthy as she approaches the five-year mark since her diagnosis.

Fortunately, Sheila experienced no delays or difficulties in accessing the care she needed. “I think all in all it was a three to four week process from the time of diagnosis, biopsy, surgery, genetic testing, and beginning radiation,” she shared.

Having a good support system helped. “My husband was with me every step of the way. He went to all the doctor visits and all of the radiation therapy. I knew other women who were survivors. They were helpful with information and connected me with the Coalition.” Sheila is still an active member of our survivor community and participates in a number of support programs.

Sheila’s story affirms Dr. Imran’s experience; setting statistics aside, positive outcomes happen across the board.

Identifying Ways to Do Better

Yet the facts cannot be ignored. Nationally, the Black Lives Matter movement has drawn attention to deep-seated racism in our society. The racial disparity in breast cancer outcomes is a symptom of this pervasive disorder. Dr. Imran shares his thoughts on the actions he feels will make a meaningful difference.

“More Black women should be encouraged to participate in clinical trials. Not only that, researchers should design studies that are focused primarily on Black women and their health issues. This will lead to better understanding of their disease biology and other characteristics, and treatments would be better geared towards them.”

He also emphasized the role of access to mammography in Black communities. While early detection isn’t a cure for breast cancer, the disease can’t be treated until it’s found. And outcomes are best when it’s detected at the earliest stage possible. Mammography, while imperfect, remains the most reliable way to detect breast cancer for the majority of individuals. “There should be more mobile mammography events in Black communities and churches,” Dr. Imran maintains.

Access to Care in a Local Community

Ensuring equitable access to screening and other health care services requires funding. The New York State Department of Health provides funds for its Cancer Services Program**, which offers free screenings for breast, cervical, and colorectal cancers to uninsured and underinsured residents of the state. It also covers follow-up care in cases where suspicion of cancer has been raised or the disease has been diagnosed. These services are administered on a county-by-county basis. In the Rochester area, the Monroe County Cancer Services Program offers free mammograms at a number of locations, including the Anthony Jordan Health Center, which is located in a city neighborhood and serves a significant number of people of color. When this Center needed a mammography unit, the Coalition provided funding for this important community resource.

But when an Anthony Jordan patient needs follow-up imaging after a mammogram, they are referred to a comprehensive imaging center. Several of these centers

Continued to next page.
operate in the area; all are located outside city limits. State funds do not cover transportation costs.

A recently discontinued grant provided Anthony Jordan patients with transportation to Highland Breast Imaging in Henrietta for diagnostic work-ups. These funds were also used to assist those with high-deductible insurance, as well as the uninsured. Unfortunately, when the funds on hand run out, these services will be discontinued. This will negatively impact access to needed care for a significant number of city people.

We at the Coalition are following this recent, unfortunate development in our community with concern.

**Close to Home: Disparities Statewide and in Our Community**

A clear picture of the human impact of disparities in breast cancer outcomes in our region, or any locality, is best revealed by the actual breast cancer incidence and mortality figures.

**THE LATEST NUMBERS FOR NEW YORK STATE AND MONROE COUNTY**

These are more than just numbers. Each one represents a person diagnosed with breast cancer or a life lost to the disease. We at the Coalition are deeply concerned by the disparities in mortality between Black and White individuals reflected in these numbers.

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<th>NEW YORK STATE breast cancer incidence/mortality data averaged, annually</th>
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<td>Breast cancer incidence</td>
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<td>Breast cancer mortality</td>
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<th>MONROE COUNTY breast cancer incidence/mortality data averaged, annually:</th>
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<tr>
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<tr>
<td>Breast cancer mortality</td>
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The latest numbers for breast cancer in MONROE COUNTY, with source, by RACE averaged annually:

| Breast Cancer actual incidence, WHITES | 605.2 |
| Breast Cancer actual mortality, WHITES | 73.6 |

| Breast Cancer actual incidence, BLACKS | 76.4 |
| Breast Cancer actual mortality, BLACKS | 14.8 |

* To read Dr. Imran’s personal experience, go to [kevinmd.com/blog/2020/06/we-need-more-black-cops-we-need-more-black-physicians.html](http://kevinmd.com/blog/2020/06/we-need-more-black-cops-we-need-more-black-physicians.html)

**For information on the New York State Cancer Services, including links to local services, go to [health.ny.gov/diseases/cancer/services/](http://health.ny.gov/diseases/cancer/services/)**

3. [www.ncbi.nlm.nih.gov/pmc/articles/PMC4180671/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC4180671/)
5. [www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services](http://www.healthypeople.gov/2020/topics-objectives/topic/Access-to-Health-Services)

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“The greatness of a community is most accurately measured by the compassionate actions of its members, a heart of grace, and a soul generated by love.”

— Coretta Scott King

BreastCancerCoalition.org
We have all heard the slogans: Eat Local. Shop Local. I appreciate the sentiment, even if the statement is grammatically incorrect. Eat Locally, I want to scream. Shop Locally. I suppose how we express this thought isn’t as important as our actions around it. When I eat out (which doesn’t happen frequently in the time of COVID-19), I try to do so at local restaurants owned and operated by my neighbors and friends and members of the community. I try to shop locally when I can, too. And I encourage my friends and family to also give locally – to organizations like the Breast Cancer Coalition.

Why is it important to give locally?
Perhaps the most important reason to give to a local nonprofit is the ability to see your gift in action. Your gifts to the Coalition stay right here in our community, and you have the opportunity, when Covid-19 is not a part of our daily lives, to walk through our door on University Avenue to see our home, and discover the breadth of programs and services offered every day.

When you give to the Breast Cancer Coalition, you are helping your neighbors, friends, and co-workers that you live and work with every day. Your dollars are used for support and education programs for people who live and work here, to advocate for issues that affect people in the Finger Lakes Region of Upstate New York, and to fund research that is happening in our 10-county region.

Thank you to all who have continued to support the Coalition throughout the Covid-19 crisis. Your generosity means the world to us. Thank you for giving locally!

Introducing A New Column To Honor Our Generous Donors

Donor Spotlight:
Carla Edmister

Carla Edmister has been giving to the Coalition since 2016. He started by making donations through the United Way, but now also participates in the Pink Ribbon Walk & Run and the Tee’d Off at Breast Cancer Golf Tournament. Here are some of her thoughts about supporting the Coalition.

Why do you give to the Breast Cancer Coalition?
My first gift was through the United Way. I work at Wegmans, and they promote giving back to the community by making contributions to the United Way. Historically, I have designated my gifts to organizations that have helped or supported loved ones. I wanted to give to a nonprofit that was special to me – a place that had directly affected me. So I chose the Breast Cancer Coalition. By giving to the Coalition, I also know that I am helping others who will be diagnosed in the future. This disease isn’t going away, and that’s important to me to support other women who will face a breast cancer diagnosis.

We started doing the Walk/Run last year. Previously, we had a team that participated in the American Cancer Society Relay. In 2019, we switched to the Pink Ribbon Walk & Run because the money goes directly to breast cancer, as opposed to all cancers, and it stays local to help people in our community. Last year we had a team that included my mom, some friends and their kids. We had a fun time.

The Golf Tournament was another way we could give back. Golf is a big part of our life, mainly because my husband Jim is a PGA golf professional and we both love the sport. We previously had run our own golf tournament, but then decided to combine our efforts with the Coalition’s to raise money for the cause. We brought a foursome this year and donated a golf basket for the auction to raise additional money.

What would you tell other people about why they should consider giving to the Coalition:
Anyone who is affected by cancer knows how hard it is to go through alone. The Coalition is an amazing resource that connects you to others who understand what you are going through and can offer advice, support and more. The Coalition puts you in touch with people who have gone through what you are going through and who can help with the fear, the questions, the uncertainty. They can assure you there is a light at the end of the tunnel. The money that is given to the Coalition stays local, which is important to me as a donor, and allows you to keep doing what you do – which is critical to survivors.

In addition to her monetary gifts, Carla also gives of her time as a PALS (Peer Advocate Lending Support) mentor. Thank you, Carla!
PALS Update

By Pat Battaglia, Associate Program Director

In the first conversations I have with those who are recently diagnosed, we talk about the PALS program and what it offers them. Many of these folks have solid support systems already in place: strong family ties, compassionate friends, supportive co-workers, and of course, knowledgeable and attentive health care providers. Some have family members or friends who have faced breast or gynecologic cancer. Many are grateful for the things they have and wonder, “What can a PALS mentor do for me?”

Family and social ties are vital to our well-being in countless ways. When these connections are lacking or are missing important members, people need all the support they can get after a cancer diagnosis. For these individuals, a peer connection makes obvious sense. But for those whose support networks are strong, connecting with a mentor is still helpful and needed.

Breast and gynecologic cancers are complex, and each person diagnosed is unique. A well-informed and carefully matched peer mentor can address an individual’s situation in ways that relatives and friends who may have faced the same disease, but in a different form or at a different life phase, have not directly experienced.

When considering a PALS mentor, it is never an either-or question; it is a perfect both-and scenario. Family and friends are irreplaceable. And when you add the support of another individual with similar experience to the picture, the solid ground on which you’ve been standing becomes rock-hard.

A connection with a peer mentor is appropriate and helpful at many points along the way, from diagnosis, to making treatment decisions, to active treatment, and onward into years of survivorship. Email me at pat@bccr.org to learn what PALS can do for you or someone you know, or if you’re interested in joining our caring group of mentors.

Melinda Goldberg

By Holly Anderson

one of the organization’s founders, was Vice Chair of the Board of Directors when I first came to the Coalition.

At the time, Melinda worked in Development at Hillel School in Brighton and was quite knowledgeable about the Coalition because of her mother’s involvement. As the new Executive Director, I was balancing multiple roles, including development and special events, programs and services, grant writing, and my administrative responsibilities. Melinda frequently stopped in to see how I was doing and was always willing to share her wealth of knowledge.

After leaving Hillel School, Melinda turned to freelance grant writing. In late 2012, while my Dad was in hospice and nearing the end of his life, I reached out to her in near desperation for help. We had received a request for proposals for a program that was right up our alley. It was early December and the submission deadline was early January. Together, we wrote that grant. I dictated the program concept, goals, objectives, and measurement while at my father’s bedside. Melinda put all the pieces together, including the budget and budget justification, refining as she went along. The grant was approved and the PALS Project received its first funding.

Later, as we began building our development team, I often turned to Melinda for advice. As a result of her guidance, two major changes have taken place at the Coalition. The first was to move to a more efficient data management system. Looking back now, I wonder how our organization functioned without that system for as long as we did. The second change was to incorporate online bidding into our special events. In retrospect, this was the best move we could have made.

When Melinda joined our Board in June 2019, it felt to me like she had come home. Exceptionally efficient with her time and her words, she has the final say on any publication we produce for our special events. Her eagle eye regarding small errors, potential pitfalls, and how each detail fits into the overall picture has saved the day on multiple occasions!

Thank you, Melinda!
OUTREACH DIRECTOR UPDATE

While Outreach into our community continues, it does not resemble our “usual way”. There are no festivals, which often bring thousands of people by our booth to chat. There are no health fairs, work place wellness events, school talks. I can no longer stop by and chat with the staff at area medical facilities. And sadly, I am not attending community fundraisers to thank the people who have generously held events on our behalf because these are simply not happening.

Our world is different, and likely to be for some time to come. WE NEED YOU more than ever! Please mention us when you know someone has a new diagnosis (or a past one)! Continue to take advantage of our multiple online class offerings and educational seminars. Consider becoming a monthly giver (a GEM) and know that your ongoing gift, no matter the size, will make a big difference. Host a private fundraiser on Facebook, or among your friends. It need not be major; a birthday challenge, a swear jar, a yard sale. Donate small gift cards for our PALS packs. Ask an artist friend to donate a piece to our Virtual Artrageous Affair.

The number of newly diagnosed and calling us for services has remained constant. Our classes have continued without pause. We’ve learned new ways to deliver what people need. And with your help, we will continue, for as long as we are needed.

FUNDRAISING FRIENDS

LANCERS INDOOR SOCCER

Saturday, February 1 marked the league’s 12th game in a season cut short by COVID. It was a special evening, not only of soccer, but of care for a family in their close-knit soccer community and for the Breast Cancer Coalition.

Though the team did not win their match, the real success of the evening was measured in the generosity of the players, the families and the fans. A vast array of baskets assembled by the youth soccer families were offered for a silent auction to benefit the Tydings family of Hilton. Mom Lisa was facing a recurrence of her breast cancer and fellow soccer families wanted to help in a tangible way. We were thrilled to share the evening with the Tydings family as Lisa was an active volunteer for the Coalition for several years. All basket raffle proceeds were given directly to the family.

After the high-spirited contest, Lancers players gathered in the lounge for a live jersey auction to benefit the Breast Cancer Coalition. Encouraged and cajoled by owner “Soccer Sam” Fantauzzo, and VP of Operations Ashley King the crowd bid ferociously for the custom pink game jersey of their favorite player. There was much laughter and celebration as these diehard fans stepped forward to receive their jersey from “their” player and pose for a photo.

The Coalition is grateful for the Lancers donation of $3180. We also thank them for supporting a family that we know and love!

LEONARD’S EXPRESS

Leonard’s Express is family-owned trucking company locally located in Farmington. They have partnered with the Breast Cancer Coalition since 2015, donating a penny per mile for every mile their four custom-painted pink rigs trucks travel. As each truck runs more than 100,000 miles per year this has resulted in donations totaling over $35,000!

The family-owned company, whose roots date to a firm Kent and Pat Johnson started with one truck in 1972, now has locations throughout the nation according to Kyle Johnson, chief financial officer of Leonard’s — and Kent and Pat’s son. Ken Johnson serves as the company’s chief executive officer, while Kevin Johnson is Leonard’s chief operating officer.

At the urging of the company’s chief marketing officer, Michael Riccio, the company initially ran three of the distinctive pink trucks, eventually adding a fourth. Their “awareness” awakened in 2015 by Mike’s wife Kim’s breast cancer
OUR FUNDRAISING FRIENDS

Diagnosis and Leonard’s Express continues to provide this vital support. We recently received a check for $960.43 representing just one quarter of travel by “our” trucks.

Partnerships like this enable us to continue to fulfill our Mission- pandemic or not!

SUBARU SHARE THE LOVE

Do you think of LOVE when you envision a major auto manufacturer? We do!

Subaru of America has run an annual campaign called Share the Love across America, supporting four national charities and allowing participating dealers to designate a fifth LOCAL charity to receive a donation of $250 for every new Subaru purchased or leased during the end of year campaign.

In 2018, breast cancer survivor and Coalition friend “Kitty” VanBortel first selected the Coalition to be her dealership’s “fifth charity”. That first year, we received an amazing $10,588.83. Thrilled to be approved in subsequent years, our gift has swelled to an truly astounding $95,796 for the 2019 campaign, after the addition of a second VanBortel dealership. We are beyond grateful to the Van Bortel dealerships, to customers who “kept it local” when designating their gift, and to Subaru, for SHARING the LOVE.

PITTSFORD PANTHERS
PINK THE RINK

Pink the Rink has been a Pittsford School District tradition since 2010, and has benefitted the Breast Cancer Coalition for all of those years. This annual event began when Friends of Pittsford Hockey Board Member, Celeste Frohm, proposed the idea for Pink the Rink after watching her son play in a similar event at the State University of New York at Fredonia. Frohm believed it would be an effective way to bring the Pittsford community together for a worthy cause. Celeste “retired” from her post after her ninth successful event in 2018.

The 2020 contest took place on February 8 at RIT, when the Panthers played the Fairport Red Raiders. Now coordinated by Board member and hockey mom Kristen Caputo, the team raised money through ticket and T shirt sales and the ever-popular Chuck-a-Puck contest. The team also wears pink jerseys sponsored by local families in honor or memory of loved ones. Additionally, the team garnered the support of the Pittsford District Teachers Association, who generously contributed $1100 to the donation.

We are deeply grateful to the entire Pittsford Panthers hockey family for this year’s gift of $6500.
YOU can make a difference!

Each year, a significant portion of the Coalition’s operating budget comes from the donations of community-based fundraising efforts.

This year, many small businesses, schools, and individuals who typically host bowling tournaments, sporting events, and other on-site events may not be able to do so.

CAN YOU HELP? Get creative! Following are some FUN-draising ideas borrowed from past years.

AT WORK OR SCHOOL
- Spirit wear/character day
- Baby/wedding/graduation photos – “who is this?”
- Department jar wars
- Bad tie day/Wear Jeans
- Chili cook off, ice cream social, bake or snack sale
- Whacky hair day
- ¼ mile of quarters
- Swear jar
- Throwing darts
- Raffle of team sports
tickets, movie tickets, or season subscription discount

GATHER FRIENDS
- Car wash
- Rubber duck derby
- Pancake breakfast
- Unwanted gift sale
- Head shave or no shave month - vote on the winners!
- Yoga, Zumba, dance a-thon
- Baby/wedding/graduation photos – “who is this?”
- Spirit wear/character day
- Department jar wars
- Bad tie day/Wear Jeans
- Chili cook off, ice cream social, bake or snack sale
- Whacky hair day
- ¼ mile of quarters
- Swear jar
- Throwing darts
- Raffle of team sports tickets, movie tickets, or season subscription discount

OUT AND ABOUT
- Bottle and can drive
- Recycling drive
- Flamingo flocking
- Donate a modest gift card from your favorite business

“Our (sports team) young girls get a lot out of raising money for the Breast Cancer Coalition. Several of our moms have been diagnosed and the girls see what a hard thing it is for the whole family.”

Erin, Coach

ONLINE
- Trivia night
- Cooking class
- FB tribute campaign for anniversary, birthday, end of treatment
- Celebrity lock up in FB “jail” and collect “bail”
- Fitness challenges

“There is no one in our office who doesn’t know someone who has had breast cancer. Helping means a lot to all of us”

Mackenzie, local brokerage firm

CLOSE TO HOME
- Treadmill relay day
- Dog walking/washing
- Weeding, raking, mowing

“I love raising money for the Coalition. They were such a lifeline for me when I was diagnosed! I found “my people” to laugh and cry with.”

Lori, survivor

Contact Lori at (585) 473-8177 or Lori@BreastCancerCoalition.org to talk about your fundraising ideas!

Thank you so much for your continued support!
Thank You, Donors!

We are truly amazed at the many ways our generous donors support our work at the Coalition.

Some host fundraisers among their peers on social media or in person; others donate directly through their payroll with the help of an employer and/or the United Way. And there are those who respond to our annual fund campaigns, honor a loved one with an honorary or memorial gift, or simply return the donation envelope enclosed in this newsletter.

We are grateful to all donors for their valuable contributions and their commitment to our mission. Please join us in thanking the following individuals, companies, and organizations for their generous contributions between April 1 - June 30, 2020.

IN HONOR OF:

All breast cancer patients and survivors
“Mary Reed
All the “helpers”
Susan Miller
All survivors
Sandi Melos & Ron Williams
Anyone with a breast cancer diagnosis
Joan Greia
BCCR
Marianne & Scott Sargent
The Survivors
Annie Lawrence
Erin Agor
Corynn Shaw
Holly Anderson
Philip DeMarco
Patricia Armstrong’s Birthday Fundraiser
Naa Amla
Peggy Gilbert
Terry Kaufman
Kim Michelle
Katie Stewart
Wendy Williams Mancuso
Barbara Worthington
Karen Bell
Jayne Vos
Meghan Brown
Patricia Scheiber
Gunhilde Buchbaum
Sarah Goodman
Justin Rein
Bernard Butler’s Birthday Fundraiser
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Meronaan Ayeda
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David Guadagnino
Sabin Wells
Mary Elaine Cimo
Roxanne Cimo
Katie Clement’s Birthday Fundraiser
Allison Auble
Katie Clement
Karen Devay
Kathy Henshaw
John Stanton
Betsy Crumity
Darlene Jeffery
Katherine Diegelman’s Birthday Fundraiser
Mary Barnard
Allison Cali
Katherine Diegelman
Dave Diegelman
Jen Mahler
Mary Moore
Jessie Pittinaro
Sarah Price
Jody Dietz
Temple Beth El
Suzanna Dutro’s Fundraiser
Owen Altland
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Garry Britton
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Janice Dillman
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Teressa Oppet
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Cindy Dykes
Cheryl Fiore
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Karen Bell
David Bell
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Patti Dohr
Amanda Driscoll
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Bethany Franco
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Allison Green
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Karen Lindenfelsler
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Carl Raleigh
Karen Whitmore
Patricia Miller Engels
Stephen Engels
Andrea Farnan
Darlene Holtz
Robin Finley
Cassie Sanford
Barb Gammil’s Birthday Fundraiser
Cindy Dykes
Juli Vogt
Nancy O’Donaghue
Daniel Garver’s Birthday Fundraiser
Holly Biggs
Matthew Clark
Daniel Garver
Heather Lahman
Kathleen Sansone
Wendy Gottorf
Melissa & Eric Gottorf
Kim Holtzman
Neal Holtzman
Kathy Simon
Dawn Bennett Hudson’s Birthday Fundraiser
Adria Callery
Dawn Hudson
Jan Marie
Heather Northrop
Mary Tanghe
Tracy Janczak’s Fundraiser
Melissa Butler
Jaclyn Cooper
Monica McCabe Icone
Shaynee Rainbolt
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Ann Peruzzini
Renee Johnson
William Evans
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Michele Levy
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Michelle Lindsay
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Corynn Shaw
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Kevin Mantell
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Colette McConnell
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Bethann Clark Miller’s Birthday Fundraiser
Anna Clark
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Joan Mitchell
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Michela Stycr
Salma Trainor
Patricia Priest
*Mark Priest
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Charlie George
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Josephine & Louis Coccia
Mary Ellen Vollmer
Paula Roberts
Dennise Webster
Stephen Engels
Maryellen Keating
Kelly Young
Karen Caskey

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Continued on next page.
IN MEMORY OF:

#ForAmy
Linda Mazur

Cousin Irene
Lorraine Williams

Louise Aparo
Judith & Nile Hess
Rose Stolt

Eileen Alhart
Elizabeth Alhart

Sheryl Asarnow
Linda & Richard Cooper

Robert Bacher
Margie & John Micca

Willette "Billie" Bachhuber
Margie Micca

Elizabeth Benner
Robin Frye

Dr. Beth Bentley
Kim Fink

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Neal Argento
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Wish List

• Dyson vacuum cleaner (new please)
• Burt’s Bees Lip Balm (sealed, no mint)
• ear plugs (individually wrapped)
• fleece throws/blankets, lap quilts
• journals for writing
• lotion: Alaffia Purely Coconut lotion
• note cards, notepads (bound at top)
• postage stamps
• sleeping masks, lavender or unscented only
• tea: black peoke, green, herbal, and flavored, in unopened boxes or tins
• thank-you cards (unopened packs)
• computer paper, white
• in-kind

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Breast Cancer Coalition
Mission Statement

To cultivate community among those touched by breast or gynecologic cancer; to empower informed decision-making through education, support, and advocacy; and to advance research in our region with the goal of eradicating breast cancer.

Voices of the Ribbon is published quarterly by the Breast Cancer Coalition to provide encouragement and inspiration to those facing a breast and gynecologic cancer diagnoses, their supporters, and care providers.

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

Our in-house editor, graphic designer, writers, and support staff work together to ensure our publication is economically produced and our printers assure us that we are getting the best rates possible.

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