REGISTRATION TODAY
for the Pink Ribbon Walk & Run!

See pages 19 & 20!
FROM THE DESK OF THE EXECUTIVE DIRECTOR

Our long-awaited Spring has arrived!

These last few weeks of unseasonably warm days, especially in this time of COVID-19, find many of us appreciating the signs of spring even more than usual. As I’ve shuttled my grandchildren back and forth, they’ve become daffodil, northbound geese, and robin spotters. I admit it’s lovely to see goldfinches changing from their drab brown to brilliant yellow, but nothing has brought me greater joy this spring than hearing reports of the reduction in COVID cases and the increase in the number of people receiving COVID vaccines. With 2020 behind us, we have become survivors of a different sort, having lived through some unimaginable losses; family members, friends, jobs, celebratory gatherings, and time with loved ones lead the list. Separation from those we love is never welcome. Our newly diagnosed survivors shared stories about approaching medical appointments, tests, procedures and treatments without a friend or partner, which often led to increased anxiety, fear, and trepidation. The grief in the aftermath of all of this cannot be diminished.

With the vaccine rollout, and as we begin to emerge from some significant isolation, there is still much to look back on and celebrate. Our programs and services never stopped. Our staff and Board of Directors remained committed to our mission, as did our Advocacy and Research Committees. Our three major fundraisers, supported by creative volunteers with amazing nerves of steel, may have been dinged by the circumstances. Yet these events, along with a multitude of generous gifts from many of you, helped keep all four arms of the Breast Cancer Coalition stabilized. Advocacy, Education, Support and Research, our four pillars, never wavered and stand solid today.

We have survived. Weary from Zoom meetings but basking in the enthusiasm of those around us, we rise. It is far from over but we are beginning to see the light at the end of the tunnel. Some of you are even beginning to pop in to pick something up or drop something off, masked of course. We love seeing you in these fleeting moments, which leave us thinking ... can you stand a few more virtual meetings? We welcome you to join us in our work. Some of our brightest leaders have emerged from our core committees. Almost every member of our Board of Directors first served on a committee. Likewise, many staff members began as committee members or PALS* mentors. We welcome you to join us and it couldn’t be easier. It begins with a simple email to info@bccr.org, where we can connect you with the appropriate leader of any of the following committees or programs: Advocacy, ARTrageous (gala), Finance, Golf (tournament), Research, Walk/Run, PALS, and a variety of subcommittees of our Board of Directors. Volunteers are, and have always been, our lifeblood. With safety in mind, we continue to meet with the help of technology. And, as the cold spell breaks in our region, we are occasionally seen outdoors in nearby parks with lawn chairs and coffee tumblers. After all, we miss the human interaction too!


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*Peer Advocates Lending Support
Kathryn “Kate” C is a multi-faceted individual with a wide array of accomplishments. An educator and published author of books and magazine articles, she is also a member of the American Council for the Blind – Rochester Chapter Board, Colonel William Prescott DAR Chapter Vice-Regent; member of the Wayne Writer’s Guild, Visionary Support Group; a freelance writer and editor; and Accessibility Ambassadress to the Memorial Art Gallery. In 1985, Kate was a forty-year-old mother of three children, ages eleven, nine, and four, when she contracted Eale’s Disease, a rare eye disease. In a few months, she went from having 20/20 vision to becoming legally blind. From that point, her vision gradually worsened until she was completely blind.

In an article published in Good Dog! Magazine in 1993, Kate vividly described her fears, grief, and uncertainty in becoming blind and entrusting her life to a guide dog. “A silent scream slammed through me,” she wrote, before continuing to acknowledge the increased mobility her dog would provide. It was a new way of navigating the world and opened up new possibilities for her.

An elementary school teacher before she became blind, Kate recalls, “I fought for my elementary students in the public school system and went right on with public education when I went blind. As a newly blinded woman, I had more questions than answers and realized that most sighted people have never talked with or interacted with a blind person. My days of public education really began then. If I didn’t speak up for what I needed, I might as well sit in the rocking chair, knit, and let the world go by. That wasn’t in my nature, so the advocacy began in earnest.”

As Kate grew adept at self-advocacy, her children also grew to adulthood. Then grandchildren entered the picture. Then great-grandchildren. Kate flourished as an educator, writer, advocate, and matriarch of her thriving family. Time went on, and the year 2020 began quietly.

In early March of 2020, Kate went for her screening mammogram. “There was no lump; no sign of anything wrong. Nothing,” she declared. The next day, she had another routine appointment, this time with her dentist, whose counsel in the months ahead would prove valuable. A few days afterward, Kate was surprised when the radiologist called to say an area of concern had been detected on her mammogram and additional imaging would be needed. So Kate returned to the imaging center.

Although another mammogram did not detect anything unusual, an ultrasound revealed a small area that the radiologist felt should be biopsied. Kate underwent a needle biopsy the same day then returned home to await the results. The call from the radiologist came in a couple of days; Kate was found to have breast cancer.

One week later, the COVID-19 shutdown began.

Having lost her own mother to breast cancer in 1976, Kate was devastated. By the time of her diagnosis, however, she was a seasoned self-advocate. Navigating a sighted world as a blind person required a high degree of readiness to speak up and express her needs. “I’ve been at this long enough,” she recalled. “I had to advocate for students who were in danger of becoming lost in the cracks of the [public education] system.” She was adept at doing so gently,
PB: The role of genetics in cancer is a topic of very high interest to our survivor community. What’s new in this rapidly evolving field?

JS: I think that historically, genetic testing was an afterthought. You were diagnosed with cancer, you made it through treatment, and then at some point you might think, “Maybe genetic testing will help me for the benefit of my children.” I’m proud to say that the culture is changing. Many surgeons will think about genetics before they have a plan of attack created. I’m seeing many women within twenty-four or forty-eight hours of their diagnosis, and they really understand genetics at the front of the journey, when it’s going to potentially be helpful in the long run. I think that’s been the most fascinating change of maybe the last two or three years.

PB: Are there specific situations where genetic testing might be suggested?

JS: There are standard guidelines. If the cancer is happening in a young woman, or there are repetitive cancers within a family, or rare cancers, these are the three characteristics. Young is defined as age forty-five and younger. If you have no family history and you’re younger than forty-five, genetic testing is indicated. If you’re a little older than that, then having some family history is important. If you’re between forty-six and fifty but have one other relative with breast cancer, or if you’re fifty or older and have at least two relatives with cancer, those are the scenarios where, no matter what, your insurance will pay for it. The rule is one family member under forty-five, two under fifty, or three at any age.

Let’s just say you’re forty-nine with breast cancer and you have one other family member who’s been diagnosed. That doesn’t mean genetic testing isn’t warranted. You’re still young. Your insurance may not pay for it, but there are many affordable ways to be having those conversations and to approach genetic testing.

There was a journal article a couple years ago about a study where they took a group of women who met those criteria – young, repetitive cancers – and they took (I’ll always tease) little old ladies with breast cancer, which is devastating but doesn’t meet the criteria. They tested five hundred women genetically in each category and didn’t find much difference in the test-positive rate. And that’s why I see the transition in my patient population – their doctors automatically are referring for genetics right away.

PB: What are some of the common mutations associated with increased risk of breast or gynecologic cancer?

JS: The BRCA genes are the most common – BRCA1 and BRCA2. BR stands for breast, CA stands for cancer. Up to about one in three hundred Caucasians carries those genes. Those are the most high-risk genes. They do cause breast cancer; they also cause ovarian and in some rare cases, uterine cancer. They can cause prostate and melanoma and pancreatic cancer.

Then the three next-important big players are genes called CHEK2, PALB2, and ATM. Those are implicated in a moderate risk of breast cancer. BRCA will pull a woman up into an eighty-five to eighty-seven percent chance of breast cancer. CHEK2 is about forty-eight percent, ATM is about fifty-two percent, and PALB2 is about fifty-eight percent. BRCA gets all the press, but that next group of genes is really important as well.

That’s only five genes. We test for dozens of genes at any given time.

PB: When someone is considering genetic testing, a good first step is genetic counseling. What’s involved in that?

JS: Genetic counseling can be provided by a trained genetic counselor or by other health care providers – physicians, physician assistants, and nurse practitioners. In its most classic sense, genetic counseling is sitting down with a health care provider where they will ask a series of questions about you. A three-generation pedigree is taken - that’s the term for creating an image of your family tree.

They’re going to want to know about blood relatives only. And they’re
looking for any of those telltale signs: relatives with cancer, people who had repetitive cancers, young cancers, rare cancers. They might also ask you for history about yourself. Then the counselor is going to start sharing what they’re noticing within the family and what risk factors might be leading to that diagnosis.

What they’ve experienced could be the result of one of three things: Sometimes cancer is due to aging. We will also talk about environment - maybe a person smoked or drank to excess. It’s hard to think about people’s behaviors causing cancer but they can. And then ten percent of the time, it’s genetic. If we think it’s a gene, let’s decide if you want to test.

I think one of the biggest fears people have is that they’re going to talk to somebody who will try to talk them into the testing. That’s not my role. A good counselor is going to help you see the pros and cons of both options.

• PB: What do patients and families need to know if an increased-risk mutation is found?
  JS: We need to think about how we are related to our relatives. You share half of your DNA with your children whether they’re male or female. So if I’m talking about a breast-colon-prostate gene, your daughters and your sons are at risk under that example. You would want to be sharing that information with your children equally. Your kids have a 50-50 shot; your siblings have a 50-50 shot, so you can be sharing information there. If your parents are still alive, we have scenarios where we test “up” too, to figure out if it came from mom or dad in that circumstance.

• PB: What is the difference between the types of genetic mutations that you find through testing as compared to the mutations that cause cancer to starting to grow in the first place?
  JS: In my area of medicine, I am looking for inherited mutations - something that came from the generation before that I’m going to pass on to my children.

Then there is testing of the tumor such as oncotyping to figure out type and aggressiveness and likelihood of recurrence, and what treatment it is going to respond to. All cancer is going to have some kind of genetic change. It doesn’t mean that the person got that genetic change from the generation before. There’s still a genetic alteration within that cell, but it’s not going to be passed along to the next generation.

There is also genetic testing happening through 23andMe and Ancestry.com and all of those; it’s really just the difference in the level of testing. It doesn’t mean that those tests aren’t important and can’t uncover something, but it is nowhere near as comprehensive as coming to a clinic. I always want patients to do that kind of testing with the understanding that it has its place, but we don’t base clinical judgements or decisions on it.
It is hard to see a silver lining with the diagnosis of metastatic breast cancer. Anything I could write would seem false, and stop you from reading further.

People may want to point out silver linings, reminding me the good that comes with the bad. One thing I have found is that, to see a silver lining, it must be found by the person experiencing the difficulties. When someone else points out a silver lining, it may not ring true. It may feel as if there is a lack of empathy; as if the person who is trying to help is not acknowledging the suffering.

When I was diagnosed with a brain tumor at age nineteen and faced a significant chance of death or disability, it was hard to see a silver lining. Yet the experience changed who I was and how I saw the precious gift of life. It gave me dedication and drive that would manifest in a career as a neurologist. It gave me the gift of giving back. After training, I turned down offers at academic institutions and returned to a small town in upstate NY, near where I grew up.

My career in neurology came to an abrupt end when I was diagnosed with metastatic breast cancer at age fifty-four. Medications intended to prolong my life made it so I could not work. This happened just before COVID19 spread through the United States.

At this point, you may be questioning: “Where on earth is the silver lining in this story?” Well ... to be clear, I would never want this diagnosis and I would never want to see the world suffer as it has during this pandemic. Yet life moves forward one day at a time. As one foot moves in front of the other, I remind myself that “I am upright and mobile.” When hours go by and I can’t get off the couch or out of bed, I remind myself that “I can breathe, see, smell, and taste.” I live in the moment.

After being diagnosed with metastatic breast cancer, I wrote to friends, family, colleagues and mentors. I wrote about what happened, and I told them how important they are to me ... how thankful I am that they have been in my life. It is a gift to have had time to do this. This led to many people who I have not seen for years reaching out. The phone calls, cards, and video chats have brought back wonderful memories and much joy.

COVID-19 changed all our lives. My father, at age ninety-three, asked me if he would ever be able to hug his grandchildren for the rest of his life. I shared this story in a recent Zoom meeting with the Common Ground group for those living with metastatic breast and gynecologic cancer. The group so selflessly expressed how fortunate we are to be safe in our homes with food on the table. This is so true. Yet it is also okay to feel sad or mad. In the setting of advancing age or a metastatic cancer diagnosis, one wants to live life to the fullest. We know that time is limited.

The Common Ground support group has been invaluable to me. This is a group of kind and strong people who are
walking the walk. They accepted me and treated me as a person, not a diagnosis. They made me feel more normal, as opposed to a fifty-five-year-old who could no longer do a quarter of what I could do in December 2019. They are there for anyone who has been diagnosed with metastatic gynecologic or breast cancer. They are there to walk with you during one of the most difficult transitions in life.

It was COVID-19 that resulted in the Coalition’s annual Advanced Breast Cancer seminar going virtual. I learned about this seminar from an email sent by the Cancer Resource Center of the Finger Lakes. With my limited energy, I would never have been able to attend the event in person. Honestly, I had little hope I would learn much from the seminar. Yet, this seminar was a turning point for me. It opened my eyes to the Coalition and all it offers to people in the region who have been diagnosed with breast cancer. It was during the seminar that I found out about the Common Ground group. I heard people (Peeps) with metastatic breast cancer speak, and their words resonated within me. They spoke of personal transitions that I had been trying to process. Dr. Thomas Campbell gave a superb presentation on a plant-based diet trial for metastatic breast cancer, leading me to reach out to his team and join this trial.

Repeatedly, I would fail my New Year’s resolution of “This is the year for mind, body, and soul.” It is quite ironic that a diagnosis of metastatic breast cancer is now helping to make that resolution a reality ... through fellowship with the Peeps*, Gentle Yoga with Susan Wood; Unconventional Training and Strengthening Class with Leon Ginenthal in Ithaca; Surviving and Thriving on Aromatase Inhibitors; Mindfulness and Meditation with Rick Lynch; a new plant-based diet with Dr. Campbell’s study; and Voices and Vision Writing Workshop with Jenny Katz. These courses have brought light into the dark cold winter. They give me a schedule, with something to look forward to almost every day. Already I can see how these courses are introducing me to tools that will help me through the next part of my life. I am so thankful for the Coalition and all the people who make these classes and support groups possible.

Life did turn upside down. My professional career and personal life, as I knew it, came to a grinding halt. Yet, there have been many gifts and silver linings in the last year that I could have never have imagined. The most precious gift has been time. Time to reflect. Time to still live. Time to start hobbies I never dreamed I would ever be able to explore. And most important to me, time to focus on my treasures in life ... my friends and family.

*The Common Ground Group, for those living with metastatic breast or gynecologic cancer.
Serving those with gynecologic cancers has been an honor and a privilege for us at the Coalition. We have learned a great deal from the courageous souls who have faced one of these diseases. And so, in line with our mission to provide education to our community, we present some of the facts on gynecologic cancer.

10. A gynecologic oncologist is a subspecialist who treats women with reproductive tract cancers. Initially trained as obstetrician/gynecologists, they undergo specialized education in the effective forms of treatment for gynecologic cancers: surgery, radiation, chemotherapy and experimental treatments. They provide care for patients throughout all phases of treatment.

9. It is not normal for post-menopausal women to have vaginal bleeding or spotting. Any vaginal bleeding after menopause should be reported to your doctor. The cause may be harmless and easily treated, but medical follow-up is always advisable in this circumstance.

8. If you have a family history of breast or ovarian cancer, your doctor may recommend genetic counseling and testing. The BRCA1 and BRCA2 genes aren’t the only concerns when it comes to gynecologic cancer. Approximately 24 genes have been associated with a greater chance of developing ovarian cancer alone. Genetic testing may not be useful for everyone, but it is important to know your family history and talk about your risks with your providers.

7. Cervical cancer is the only gynecologic cancer with a screening test and a vaccine. It can be detected early through Pap tests and HPV (human papilloma virus) testing. The HPV vaccine protects against certain forms of the virus that can cause cervical, vaginal, and vulvar cancers. Oncologists and scientists attribute the large decrease in the number of deaths caused by cervical cancer in the last forty years to these measures.

6. The daughters of women who used a synthetic form of estrogen called DES (diethylstilbestrol) while pregnant have a higher risk of developing clear cell adenocarcinoma of the cervix and vagina than unexposed women. (DES use during pregnancy was discontinued in 1971.) However, this type of cancer is still rare; approximately one per one thousand women exposed to DES in utero develops it.

5. Each gynecologic cancer has different risk factors. Some, such as taking estrogen without progesterone, obesity, and smoking are controllable. However, many risk factors are outside our control. Age, family history, personal health history, Ashkenazi Jewish heritage, environmental exposure, and exposure to DES in utero are some of these.

4. Endometrial (uterine) cancer is the most common GYN cancer. It is also the fourth most common cancer in US women overall.

3. Gynecologic cancer has a number of signs and symptoms. These may include unusual vaginal bleeding or discharge; pelvic pain or pressure; abdominal or back pain; bloating; feeling full too fast or having trouble eating; urinating more often and more urgently; painful intercourse; itching, burning, or tenderness of the vulva; and changes in vulva color or skin. These and other symptoms can be caused by conditions besides cancer. It’s worth talking with your doctor about any changes in your body that last two weeks or longer.

2. Approximately 98,000 women are diagnosed with one of these diseases each year, compared to about 230,000 for breast cancer.

1. Gynecologic cancer is any cancer that begins in one of the female reproductive organs. This group of diseases includes:
- Cervical cancer
- Endometrial cancer, also called uterine cancer
- Fallopian tube cancer
- Ovarian cancer
- Peritoneal cancer
- Vaginal cancer
- Vulvar cancer

Sources: cdc.gov/cancer/gynecologic; cancer.gov/; cancer.net/; ccgynonc.com/; cancer.dartmouth.edu/; ocrhahope.org/
The Delayed Fixes

By Amy W.

When I was diagnosed with breast cancer fourteen years ago, being inundated with endless doctor appointments was one of my biggest concerns. Cancer should have been the main priority, but life keeps marching on and cancer and its many necessary appointments are time consuming. When I was making surgery decisions, one goal was to have the least disruptions. Lumpectomy plus radiation versus mastectomy was at the top of my pros and cons list. Somehow a three-day post flap hospital stay was the winner and felt easier to fit into my life than thirty individual radiation appointments.

The biggest goal of a flap procedure is to have the flap survive. The surgeon knows that minor fixes can happen later to improve the shape of the breast mound. Whenever I pictured these minor fixes, I pictured surgery with general anesthesia. A three-phase plan for reconstruction was a concept I had heard about, yet my surgeon never discussed it explicitly. I would simply follow up with some regularity and then return to my regularly scheduled life when I had healed.

Thirteen years after cancer, my babies more grown and independent, I decided to look into fixing up my body. Naturally, I scheduled an appointment with my former plastic surgeon. Learning that fat grafting can occur as an outpatient procedure without general anesthesia was a happy surprise for me. Having fixes at this point in my life was a choice. Whenever I saw information about the reconstruction process, it always included a nipple as the final step. I too wanted to feel more finished, though I had an indentation that I felt needed to be addressed first.

Armed with new information, I scheduled fat grafting. Like many experience, one round of fat grafting was not enough. The decision to sign up for liposuction is not a small one and needs careful consideration and planning for downtime. Liposuction bruising in the deepest shades of black and blue is on a level which I had never seen before. A different option would have been to add a small implant, but I chose not to go this route.

Finally after three rounds of fat grafting, filling in the small dent and increasing the overall size of the breast mound, I had my nipple appointment. In many ways, it seems superficial to go back, take time, and endure pain for what may seem to be simply cosmetic reasons. However, I knew it was more than that. Years ago, I was fitted with a partial prosthesis. This prosthesis had a tiny bump on it mimicking a nipple. When looking in the mirror at Thelma's, I could hardly believe I saw two nipples peeking through my bra. My eyes and brain immediately appreciated the symmetry that had been lost for so long. Even I would have told you that it didn’t matter, but that would be a lie. Although only as a fleeting thought, I have felt a pang of self consciousness in a locker room or at a doctor visit, always knowing the missing nipple would stand out, but only figuratively. In my nightshirt and in an unpadded swim top, I was consciously and subconsciously aware of the difference.

The surgical addition of a nipple was a straightforward procedure. Lidocaine was used, but the sensation on the breast mound is still mostly absent. As the four injections went in, I could not even feel the first two and wondered if they would be necessary at all. The second set did elicit a brief twinge of acknowledgement. After some surgical magic, the nipple was created, photographed (by my request), and bandaged. This was one of my easiest procedures. Fortunately, I don’t feel overly anxious about procedures and can tolerate having them without systemic drugs. After this appointment, I was able to drive myself home. In the days that followed, my main complaint was fatigue. Pain was not registered at all, though occasionally I was aware of a minor aching.

The next step is always to wait. Waiting is such a large part of the cancer experience. At this point I need to wait to heal. In about three months I will be eligible for an areola tattoo. I look forward to this final step and am very hopeful along with my brain, that the appearance of two nipples will be noted and soon fade away into the sense of normalcy I have long sought.
Advocacy Chair Update

By Kathy Guglielmi

Advocates in Action:
Building on the Past, Preparing for the Future

On July 5, 2014, Governor Andrew Cuomo signed the Compassionate Care Act into law. As we approach the seventh anniversary of the legalization of medical marijuana in New York State, it seems like a good time to look back at how Coalition advocates worked for passage of this bill, and at the current status of the law.

In the Summer 2014 edition of Voices of the Ribbon, then Advocacy Committee Chair Marianne Sargent noted that advocates had been reading, discussing, and networking for over a year in order to learn more about the Compassionate Care Act. This hard work was prompted by hearing the personal experiences of those served by the Coalition. Many suffered from chemotherapy-related nausea, fatigue, and malaise. Research showed other countries successfully used marijuana to treat these side effects. Coalition advocates joined forces with advocacy organizations throughout the state who believed this legislation should be passed. Our advocates met with both Senate and Assembly members. We did our homework, answered questions, overcame objections and, most importantly, offered our own stories. Over time, our representatives gained sufficient information to lend their support to the bill.

Initially, the law allowed use of medical cannabis for those with cancer, HIV/AIDS, ALS, Parkinson’s disease, multiple sclerosis, spinal cord damage causing spasticity, epilepsy, inflammatory bowel disease, neuropathies, and Huntington’s disease. Five manufacturers and no more than twenty dispensary locations were allowed in the state.

Over the years, additional eligible medical conditions were added: PTSD, opiate use, and chronic pain. The state added another five registered organizations (manufacturers), each of which could have four dispensing locations, bringing the total to ten ROs and forty dispensaries throughout the state. In addition to physicians, physician assistants and nurse practitioners were added to those eligible to certify patients for use. The program has grown over the years both in scope and numbers of patients served. According to the New York State Department of Health website, as of February 16, 2021, there were 3142 registered practitioners and 138,738 certified patients statewide.

Just as our advocates worked hard, suffered disappointments, and finally felt hopeful when the Compassionate Care Act was signed into law, our current committee members follow in their footsteps. We continue to educate ourselves and others, we carefully watch for changes and improvements in the law, and we step forward when we see the need to advocate on behalf of our survivor community.
I was only six months in as an Advocacy Committee member when I attended the virtual Advocate Leadership Summit in June of 2020. The COVID-19 Pandemic was officially underway and that prevented me from attending the Summit in person as planned. The annual event is offered by the National Breast Cancer Coalition (NBCC), a distinct and separate entity from our own Coalition, and one whose legislative agenda we follow closely. Until COVID19, the Summit took place in Washington, D.C.. As life would have it, the virtual conference was the best thing to happen, for this allowed me to attend every workshop in lieu of just a few.

From the plenary sessions to meeting virtually with our national representatives in Washington D.C., it was as if I had walked into a new world. From the Policy Advocacy in Response to COVID-19, to the Artemis Project*, and finally the Project LEAD science training workshop for advocates, it was an invigorating and humbling experience. NBCC has been helping to educate advocates about healthcare guidelines for breast cancer care implemented in response to the current pandemic and the evidence underlying these recommendations.

I had been regular in getting mammograms the same month each year. In October of 2016, my results were negative. However, in 2017, I had my mammogram in December. I don’t remember why, but my regular schedule for this health care checkup was changed. So it was that, in December of 2017, I was diagnosed with stage one breast cancer. If I had not changed the date from October to December, I wondered, would the cancer have been detected? Because of that experience, the plenary session that spoke to me was Finding Cancer Early: What Does It Buy and Cost Us?

From the presentation: “Early detection of breast cancer has long been discussed as essential to reduce mortality from breast cancer. To that end, scientists, researchers, and clinicians have pursued increasingly more sensitive screening technologies to identify breast cancer well before clinical manifestations are apparent. But earlier and earlier detection comes at the cost of identifying more and more abnormalities that might never go on to become clinically meaningful in an individual’s lifetime—a problem referred to as over-diagnosis. Are we working toward the right goal and who is benefiting under our current system?

Are there alternative emerging technologies that might improve the identification of people most likely to benefit?”

The answers, I’ve come to understand, are complex, nuanced, and evolving. After the Summit, I turned in my sailboat when I saw how vast the ocean of information was. I needed a larger ship to navigate this seemingly endless ocean and I got aboard the USS BCCR, a vessel to help cross these uncertain, largely uncharted waters of breast cancer information and research.

Interested in participating in a fascinating and dynamic committee? Find out more about our Advocacy Committee by calling us at 585-473-8177 or email info@bccr.org. Be a vessel for change in our community!

* “Artemis Project participants design and implement research plans and interact through an infrastructure maintained by NBCC that allows collaborations to thrive and progress rapidly.” https://www.stopbreastcancer.org/what-we-do/research/artemis-project/
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.

**BREAST OR GYN CANCER 101**

These are one-to-one sessions to assist newly diagnosed individuals in managing 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**

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**

Healing Arts programming is offered in block series of 4 - 6 weeks throughout the year. Call or email us today if you are interested in registering for these beneficial offerings.

**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.

- Monday mornings
- Monday evenings
- Tuesday mornings
- Tuesday afternoons
- Saturday mornings
- Sunday mornings

**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.

- Tuesday afternoons
- Wednesday evenings
- Thursday afternoons
- Saturday mornings

**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 minutes.

- Thursday afternoons
- Saturday mornings

**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.

- Thursday afternoons
- 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.

- Offered throughout the year

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.
Breast & GYN Cancer Group
Gather, support, network, and discuss your journey with others diagnosed with breast or gynecologic cancer. Professionally facilitated.
Register online.
- Discussion Group: 2nd and 4th Monday of the month, 5:30-7:00pm.
- Discussion Group: 2nd and 4th Tuesday of the month, 5:30-7:00pm.
- Discussion Group: 1st and 3rd Thursday of the month, 5:30-7:00pm.

Brown Bag Discussion Group
Each week a group of breast and GYN cancer survivors gather to discuss a wide variety of topics. Register online.
- Fridays at 12:00noon.

LGBTQ+ Breast & GYN Cancer Group
This monthly group offers support to LGBTQ+ breast or gynecologic cancer survivors and their partners. Professionally facilitated.
Register online.
- Discussion Group: 4th Wednesday of the month, 5:00-6:30pm.

Common Ground:
Living with Metastatic Breast or Gynecologic Cancer
Join others coping with a diagnosis of metastatic breast or gynecologic cancer. Professionally facilitated.
Register online.
- Discussion Group: Thursdays, 1:00-2:30pm. Although the discussion is topic-based, all concerns of those present are addressed.

Common Ground Partners:
Partners of Metastatic Individuals
Professionally facilitated group for partners/spouses of those living with metastatic (or advanced) cancer.
Register online.
- Discussion Group: 3rd Tuesday of every month, 5:30-7:00pm.

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.
Register online.
- Discussion Group: 1st Tuesday of the month, 5:30-7:00pm.

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.)
Register online.
- Wednesdays: May 5, 12, 19, and June 16 – 1:00-3:00pm
- Wednesdays: September 1, 8, 15, and October 13 – 5:30-7:30pm
Registrants must commit to all four sessions in a series.
This program is supported with funds from the State of New York Department of Health.

Young Survivor Gatherings
A young survivor may identify with those who have faced breast or gynecologic 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. Register online.
- Call or email today to be added to our invitation list.

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

In addition, we recognize that not all of you have the technology that allows full participation from your homes. Please ALWAYS feel welcome to reach out to any of us by phone. We are here for you too!
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.

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**LEARN**

**Evening Seminar**

Evening Educational Seminars bring information and education to our survivors and community friends. They take place on the 4th Wednesday of each month at 7:00pm. Register online.

- **May 26:** "What’s New in Diagnostic Imaging" Presenter: Dr. Jennifer Harvey
- **June 23:** TBD
- **July 28:** "Cancer is a Wake-Up Call!" Presenter: Dr. Jennifer Griggs

**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 monthly Book Club. Register online.

4th Thursday of the month, 6:00-7:30pm

- **May 27:** Writers & Lovers, author Lily King, facilitator Jill Richards
- **June 24:** Monogamy, author Sue Miller, facilitator Vicki Nugent
- **July 22:** The Invisible Life of Addie LaRue, author V.E. Schwab, facilitator Marilyn Ling, MD

**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. Register online.

- 2nd Wednesday of the month, 5:30-7:00pm

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**PROGRAMS UPDATE**

**Welcome Christina Thompson!**

The Coalition is pleased to introduce our new Program Director, Christina Thompson. As she takes the helm and deftly guides our survivor programs, she shares her story with our community.

It was May of 2018 that I was introduced to the Breast Cancer Coalition.

I was thirty-nine years old and working full time in a small dental practice as a full-time hygienist. Providing comprehensive treatment and working with patients fulfilled my caretaking spirit. Outside of work, my husband and I were raising our daughters, ages two and five. We were active in preschool and playdates, and frequent flyers at Rochester Museum and Science Center and the Strong Museum of Play.

But one afternoon, there was this lump in my left armpit. My mind whispered the words, but I was able to push down the worry: “I’m too young, I can’t have cancer.” When I gained the courage to see my primary care doctor, he seemed to feel that it probably wasn’t cancer. We needed a mammogram for imaging, just to be safe.

The mammogram led to an ultrasound, which led to a biopsy...which finally led to the words I didn’t think I’d hear: “I’m sorry, you have breast cancer.”

Breast cancer was never part of my agenda.

I felt I was being swallowed up by a storm of change. Nothing was within my control. The calendar quickly filled with medical appointments. When my pathology report revealed HER2+ disease, I learned this form of cancer often responds well to chemotherapy. My treatment schedule quickly proved ‘inconvenient’ at work. The storm of change kept coming.

I needed to be met in that storm. I needed to talk to others who had experienced it. When I called the Coalition and met with Holly, Jennifer, Ali, and Pat, I was speaking with others who knew the storm. I was warmly welcomed and heard words that spoke to my soul: “You didn’t do anything to deserve this”. I could be angry at the storm and how it turned my little family upside down. I could talk, and others who knew what it meant to go through this were listening at Brown Bag Fridays and the Thursday Evening Networking group. The Coalition brought me solace. I got through chemo, surgeries, immunotherapy, and radiation with the help and support of other warriors who have experienced the storm. Through this support, I have felt courage and empowerment to turn back and help others who find themselves in the storm.

I feel extremely privileged to have joined the Breast Cancer Coalition team and look forward to steering the programs that will help others weather the storm.

Christina Thompson, Program Director
On the Last Day of CHEMO

By Jules N.

“When I think of writing an update about how I am doing, I am stopped by the feeling that I need to be upbeat and positive, and that’s not how I feel most of the time these days. When you are treated for cancer, you and your medical team are fighting for life. And when your life is in the balance, I’ve learned, what is on the other side of that scale is that which will almost kill you. In fact, when I asked my medical team how they decide how much chemo to give; how much radiation I need -- the answer is "as much as we think your body can tolerate and survive." The unvarnished truth about cancer treatment (or at least mine) is that your body is subjected to as much as you can stand. And for this, somehow, I am grateful, but also grieving and angry.

I’ve been in cancer treatment a full year. Today I take what I desperately hope is my last dose of chemo ever.

And, frankly, feeling daunted by the project of rebuilding my body and learning to love it in this new form that carries such complexity of feelings.

I know so many of us were eager to put 2020 behind us. And yes, what a terrible year it was, not just for me, but for all of us. But also, still, and yet ... was there not beauty? Was there not tenderness? Was there not joy? This was not just the worst year of my life; it was also the best. I had so much love, and I loved so deeply.

So I am trying to hold it all: the grief, the pain, the anger, the incredulity, the uncertainty, the beauty, the joy, the love. I can’t bring you pink ribbons and unbridled hope, but I can be with you in this beautiful, messy thing we call life and tell you it is worth it.
Palliative Care

An Interview with Cheryl Williams M.D., Ph.D.

Dr. Cheryl Williams is a palliative care physician associated with the University of Rochester Medical Center in Canandaigua. I recently had an opportunity to interview her on Zoom about her specialty; what palliative care is and what a person can expect when referred to a palliative care physician. Dr. Williams’ expertise and area of special interest is in pharmacology and how medications interact with each other and with the medical conditions that arise throughout life. She is also the Hospice Medical Director for Ontario and Yates Counties.

She provides palliative care for all cancers, as well as end-of-life and hospice care for all cancers.

Q: Palliative care and hospice are words I’ve heard used interchangeably. There’s a fair amount of misunderstanding. Can you give an overview of what palliative care is?

Dr. Williams: We are a medical specialty. Palliative care is a term that can be applied to many different aspects in health care. There are visiting nurse services that offer palliative care services, so I want to make the distinction that we as physicians go through extra training and fellowships. It is now a formal fellowship. Much like a cardiologist or a renal doctor would go through extra training and a fellowship to focus on that particular aspect of care, we also go through that extra training. Our focus is on symptom management from a disease perspective, as well as addressing side effects of medications or other treatments that are used to treat the disease. We are also trained to deal with discussions on how to help people navigate as they’re going through the medical system.

I always tell people in their initial visits about the

Change can be hard. But as one door closes, another opens. As our programming throughout the region is based at the Breast Cancer Coalition’s main location, all of our staff bid a fond adieu to Miriam Steinberg, our beloved Regional Services Director. We will miss our colleague as she moves on to new adventures but take comfort in the fact that she will still be connected with us as a longtime member of the Advocacy Committee, as well as a PALS Mentor.

The time I’ve spent travelling in the ten-county region we serve, getting to know survivors in the communities and bringing our much-needed programs to them, has been very fulfilling for me. I thank all the medical personnel, volunteers, Human Services Council members, and other supporters in the region for their help. I also want to thank the dedicated members of the Regional Community Outreach Committee. This has truly been a team effort.

Many thanks and much gratitude go to the numerous elected officials throughout the ten-county region. Without their tireless advocacy in their districts and in Albany, these programs would not have been possible.

I will miss getting together with the women from the ‘Dansville Coffee Group’ and hearing their news. I will also miss opening up our many programs in Geneva, Batavia, Albion, Canandaigua, Geneseo, and Dansville and having the opportunity to connect with survivors face-to-face. And, of course, I will miss the beautiful drives!

I have been involved with the Coalition in many ways since my own diagnosis in 2011: as a volunteer on the Advocacy Committee, a Board Member, and a staff member. I will continue my involvement with the Advocacy Committee in the future and look forward to participating in programs.

I am blessed to carry with me something of value from each of my interactions with my coworkers; they are truly amazing. And of course, thank you Holly for giving me this wonderful opportunity.

Cheryl Williams M.D., Ph.D.

Regional Program Director Update

The Times They Are A-Changing

By Miriam Steinberg

Miriam Steinberg, Regional Services Director

BreastCancerCoalition.org
We can start to see them in the hospital and also in outpatient clinics. Of consulting with patients in the in-hospital patient? So we can work hand in hand with hospice care. Those are things that tend to differentiate between hospice and palliative care. We focus both on the whole person and symptom management to make sure someone is comfortable, there are overlaps. Many times, we will take care of people as they are going through their treatments and then continue that kind of symptom management as they’ve moved on to hospice care. We can work hand in hand with hospice care.

Could palliative care carry over into hospice?

Dr. Williams: Again, you get into a lot of semantics. The big difference between palliative care and hospice is that hospice has some restrictions on what the goal of care is. You need to be beyond the point of doing disease-directed treatment. Also, we have to estimate that the patient has six months or less left (although that amount of time is not a hard and fast number). Those are things that tend to differentiate between hospice and palliative care. Because we focus both on the whole person and symptom management to make sure someone is comfortable, there are overlaps. Many times, we will take care of people as they are going through their treatments and then continue that kind of symptom management as they’ve moved on to hospice care. So we can work hand in hand with hospice care.

How did you become involved with palliative care?

Dr. Williams: It was a convoluted path in this career. I started out as a pharmacist and I got my Ph.D. in pharmaceutical sciences. I went to medical school and after I finished, I started out as a hospitalist. When I was working at a hospital in that capacity, one of the hospice nurses said that I had a unique way of making people feel at ease and helping them through difficult times and then asked me if I had ever considered doing hospice care. I hadn’t, but they pursued me. I then started out as a hospice medical director in the Saratoga Springs area and then moved to Canandaigua and continued mainly in the hospice realm. This was right as palliative care was starting. I worked with one of the very first people to go through the fellowship, who also happened to be starting a palliative care program at a local hospital. We worked together to get that off the ground, and that morphed into me helping to train most of the fellows, and that eventually transitioned into me being a palliative care physician.

I feel this specialty chose me. My background in pharmacy and pharmacology fits well into symptom management and, as a former hospitalist, I understand that medical care and the health care system can be complex to navigate. It is my goal to assist patients and their families – and to understand each patient as a person – before trying to make any recommendations about care. I also find satisfaction in providing compassionate care when helping people through difficult discussions.

Dr. Williams: Everyone who has a serious illness that has symptoms that need to be managed. We sometimes get confused for pain management services and that is not what we do. In pain management, they have a similar approach. They often have interdisciplinary team members geared toward people who are in chronic pain. While we do have a lot of experience dealing with pain management, when somebody is struggling with something that is not a serious illness like chronic low back pain, those patients are better served by someone in a pain specialist clinic as opposed to palliative care.

How is palliative care beneficial to those who are going through treatment for breast or gynecologic cancer?

Dr. Williams: We work very closely with the oncologists because treatments can change mid-stream and with that comes different symptoms that need to be managed. Many times we can provide a supportive place where people can go and have their symptoms addressed. We work closely with their oncologist in particular. We also work with social workers and there are some complementary treatments we can incorporate as well. We realize that suffering can take many forms, which is why we work with social workers and chaplains to give people comfort on that level. So we try to address how we can make people feel whole. Some of these services are also available to family members who need it as well.

Q. Who qualifies for palliative care?

Dr. Williams: We have the capability of consulting with patients in the hospital and also in outpatient clinics. We can start to see them in the hospital when they’re in a crisis or at the time of diagnosis of a disease so we can start symptom management there and carry over to outpatient land when they get back home.

Q. How does a person get in touch with a palliative care provider and how does someone know that they need it?

Dr. Williams: Every major hospital system in the Rochester area has palliative care services. Usually what happens is that the person’s providers can make the referral to have that person consult with someone from the palliative care team. Some places will allow a family member to request a consult.
The Coalition’s proposal review and grant award procedures underwent several changes for the 2021 round of grant awards.

We instituted a “hybrid” application process, accepting electronic submissions for the first time. Applicants were able to upload their proposals into a secure online folder that protected their identity and confidentiality. They still submitted paper copies, although half the number, which were provided to the reviewers assigned to the proposal. The new system appealed to both applicants and reviewers. Applicants needed to print fewer hard copies, saving paper and time. Reviewers could easily read and search all the proposals electronically but could still work and notate on the paper copies of their assigned proposals if they preferred.

The Coalition also adopted the NIH (National Institutes of Health) scoring system. Under this system, proposals are judged by an Overall Impact Score. That score is based on the likelihood that a project will have a sustained and powerful influence on the science. All the members of the Review Panel, not just the assigned reviewers, award an Overall Impact Score to each proposal. The scores given by the assigned reviewers and the panel discussion help guide the non-assigned reviewers toward awarding an Overall Impact Score. A proposal’s final score is the average of all the reviewer-provided scores.

The pandemic also forced the Coalition to conduct Review Day virtually instead of in-person. The fact that Coalition staffers already had experience moving all programming and events to the virtual realm – the ability and flexibility to “pivot,” as Executive Director Holly Anderson has described it – helped Review Day move along smoothly.

If you’re interested in learning more about the Coalition’s Research Initiative and joining the Research Committee, contact helene@bccr.org.

Coalition Grants Support to Two Researchers

The Coalition has awarded funding for 2021 to two young scientists on the cusp of their careers. Dr. Sagar R. Shah of Cornell University and Tao Dai of Roswell Park Comprehensive Cancer Center have each received a grant in the amount of $25,000 to support their breast cancer research.

A postdoctoral associate in the Department of Molecular Biology and Genetics, Dr. Shah will be working on the “Identification and functional characterization of enhancer-associated mutations in breast cancer.” Tao Dai is a third-year PhD student in the Department of Cell Stress Biology. His proposal is titled “Uncovering the implications of breast cancer metabolic adaptation in the tumor microenvironment.”

The Coalition assembled a panel of ten scientific researchers and eight survivor/advocate members of its Research Committee to review the applications that had been submitted in December. The Panel met for the whole day February 10 to discuss the proposals and select the grant award recipients. The Coalition is grateful and expresses its thanks to the Review Panel members for their commitment of time and their work:

**Cornell University**
- Dr. Marc Antonyak
- Dr. Kelly Hume
- Dr. Robert Weiss

**Roswell Park Comprehensive Cancer Center**
- Dr. Zhihong Gong
- Dr. Chi-Chen Hong

**University of Rochester Medical Center**
- Dr. Scott Gerber
- Dr. Helene McMurray
- Dr. P.J. Simpson-Haidaris

**Brockport Research Institute**
- Dr. Kelley Madden

**Upstate Medical University**
- Dr. M. Saeed Sheikh

**Survivor-advocates**
- Wendy Bachhuber
- Dr. Gunhilde Buchsbaum
- Beverly Canin
- Kathy Finnegan
- Wendy Gottorff
- Nancy Gramkee-Cuer
- Julie Overbeck
- Kathy Simpson

In addition, the Coalition thanks Research Committee members Alison Currie and Jeanne Verhusl for their diligent scribing of the Review Panel proceedings.
Anyone, anywhere can help support those touched by breast or gynecologic cancer!

Hit your favorite trail, stay in your neighborhood, hop on a treadmill – have fun!

For more information and easy online registration and fundraising, visit BreastCancerCoalition.org

Join us in raising funds that stay LOCAL!
Mother’s Day Weekend • Fri., May 7 - Sun., May 9, 2021 • Virtual!

TO REGISTER:
Scan this code with your phone, visit www.bccr.org or complete the form below and mail in today!

To register, complete the form below and mail in today!

EVENT REGISTRATION:
☐ Pink Ribbon Walk Registration ($25)
☐ Pink Ribbon Run Registration ($25)
☐ One Lucky Family Entry $10 each; I would like ____ entry(ies)
☐ Weber Grill Raffle $10 each; I would like ____ tickets.
☐ Additional Donation of $ _______

TOTAL ENCLOSED: $__________

Thank you for supporting our mission!

First and Last Name:
Team name (if applicable):
Address:
City: State: Zip:
Phone: Email:
Date of Birth: Gender:

ARE YOU A BREAST CANCER SURVIVOR? ☐ Yes ☐ No
ARE YOU A GYNECOLOGIC CANCER SURVIVOR? ☐ Yes ☐ No

SHIRT SIZE (select one): ☐ Youth S ☐ Youth M ☐ Youth L
☐ Adult S ☐ Adult M ☐ Adult L ☐ Adult XL ☐ Adult 2XL ☐ Adult 3XL

PAYMENT: ☐ CASH ☐ CHECK (payable to the Breast Cancer Coalition of Rochester)
☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA ☐ DISCOVER

NAME ON CARD:
CARD NUMBER: EXPIRES:
SIGNATURE: DATE: CSV:
OTHER WAYS TO JOIN THE FUN!

20th ANNUAL

Pink Ribbon Walk & Run

CAN YOU SMELL SUMMER?!

You can win this brand new Weber Grill! Tickets are $10. Only 350 raffle tickets are for sale! More than 100 are already sold. Get yours today!

To purchase tickets: call us (585) 473-8177, visit www.bccr.org or complete the form on page 19!

Drawing will occur only after all tickets have been sold. All updates as to when the winning ticket will be selected will be posted on our website and social media. The lucky winner will be revealed during a Facebook Live raffle drawing.

(Winner is responsible for picking up the grill - no shipping options available.)

New this year:
ONE LUCKY FAMILY!

Cost to enter: $10.00

You can enter a drawing to be our official Pink Ribbon Walk & Run Ambassadors! Your family will be featured on our social media on Mother’s Day weekend, sharing your own personal message of celebration and will also receive an event swag kit! (Family must be registered for the event to enter the drawing.)

Family Fun!
PRWR SCAVENGER HUNT

As you are out walking this Mother’s Day weekend, why not make it even more fun?! Using the Coalition’s very own Pink Ribbon Walk and Run Scavenger Hunt, be on the lookout for all the items along the way! Record your findings, and even color the page, if you choose!

Take a pic of your completed sheet and share on social media tagging the Breast Cancer Coalition!

Scavenger Hunt sheets are available online and at t-shirt pick up.
New Giving Societies

Valerie J. Pasquarella, Development Director

The Breast Cancer Coalition is proud to announce two new donor giving societies: Coalition Loyal and the President’s Circle. You may have seen these designations in our donor listing at the back of this newsletter. Here is a fuller explanation of these giving societies.

❗ COALITION LOYAL includes individuals who make an annual fund or United Way gift – of any amount – for two or more consecutive years.

🌟 THE PRESIDENT’S CIRCLE recognizes individuals who have made leadership level annual fund or United Way gifts of $1,000 or more (cumulative) in the calendar year.

Gifts to the annual fund (and via United Way) are unrestricted and put to use where they are most needed at the Coalition. By making an annual gift, you are making a direct impact on hundreds of individuals who have been touched by a breast or gynecologic cancer diagnosis in our community. These gifts support programs such as Brown Bag Fridays, the Common Ground group, healing arts classes, education seminars, the PALS mentor program and more, as well as advocacy and research.

Gifts of every size are accepted and appreciated throughout the year.

Thank you to our Coalition Loyal and President’s Circle members for your continued and generous support of the Coalition and of survivors in our community!

DONOR SPOTLIGHT:

NONA AND JIM MAURER

Donors to the Breast Cancer Coalition are not always individuals who have used the Coalition’s services. Take, for example, Nona and Jim Maurer, whose support of the Coalition goes back more than a decade. They first came to know of the Coalition through their work in organizing and publishing the Community Wishbook – a central source for area nonprofits to list items they need, volunteer opportunities as well as special events.

As Jim explained, “We came to know of the Coalition through the Wishbook. Our records show that the Breast Cancer Coalition was first listed in the Wishbook in 2004. We saw the description of the Coalition and then went to the website to learn more. It’s a wonderful organization, and something that should have been around even earlier. We are delighted that after many years, the Coalition has grown to be a wonderful community asset.”

Why do you give to the Breast Cancer Coalition?

Jim: If you have ever known anyone with breast cancer, you will understand how important a place like the Breast Cancer Coalition is. We feel strongly about the cause – the compassion and comfort that is offered is very important. It’s important to have support when you are in a state of shock at hearing your diagnosis.

What would you tell other people about why they should give to the Coalition?

Nona: We consider the charities that we promote through the Wishbook to be our friends. We enjoy promoting them to the community and promoting the idea of giving local. With the Breast Cancer Coalition, everything that is given stays local. It’s not an arm of a national organization where you don’t know where the money goes. All of the money stays here in our community.

Jim: Before 1997, breast cancer patients in this area were pretty much on their own. Other organizations were very limited in providing help; no one offered the support, education and companionship that have defined the Coalition since its inception. Nona and I are happy to help as donors as well as through any publicity we can provide for the organization’s needs and events through the Wishbook.
Imitation is not always the sincerest form of flattery. This is particularly true when it comes to your endocrine system. You might think of this system as a complex set of feedback loops using hormones released by endocrine glands to deliver messages that regulate all aspects of growth, development, metabolism, and reproduction.

Endocrine-disrupting chemicals (EDCs) are chemicals that disrupt this process at any point along the way. They can mimic hormones in the body, block their function, or interfere with any aspect of the endocrine system. EDCs are associated with a number of adverse health outcomes, including increased risk for cancer. For instance, breast and uterine cancers frequently use estrogen as a growth factor, and EDCs that mimic this hormone may increase the risks for these two diseases.

EDCs can be found in many items we encounter in our daily lives such as plastics, some household cleaners, pesticides and herbicides, and fire-retardant chemicals. Although they are ubiquitous in our world, there are steps we can take to reduce our exposures to these chemicals.

Cancer is far too complex to attribute to a single cause, environmental or otherwise. EDCs are just one piece of the puzzle. If you or someone you know has been diagnosed with cancer, it is not their fault. Still, we can take constructive steps to minimize our exposures to chemicals of concern while maximizing our health and enjoyment of life. Because whether you move through treatment into many years of healthy survivorship or live with the disease as a chronic condition, living well is always the goal.

1. Wash hands frequently.
   This has become the norm during COVID and protects against more than viruses and other pathogens. Chemical residues will be washed down the drain, too.

2. Eat fresh whenever possible.
   Fresh food minimizes packaging, which is often based on plastics, while maximizing flavor. Explore the abundance of local farm markets open during the warmer months for even more variety, color, and flavor while supporting growers in your region.

3. Choose fragrance-free products.
   Fragrance ingredients are considered trade secrets and don’t have to be disclosed on product labels. But synthetic fragrances contain a mix of many different ingredients, some of which can disrupt hormones. Fortunately, fragrance isn’t needed for a product to be effective. Be a label detective; fragrances can show up in unexpected places such as trash can liners and diapers.

4. Clean smart.
   Frequent dusting and vacuuming help remove chemical residues that escape from electronics, upholstered furniture, and other sources in the home. Products that trap dust, e.g., microfiber cloths and vacuum cleaners with HEPA filters, will move you one step further. Choose cleaning products with simple, safe ingredients; look for the Safer Choice label. Check out the Environmental Working Group’s Guide to cleaning: www.ewg.org/guides/cleaners/.

5. Avoid nonstick cookware.
   The coating on nonstick pots and pans, as well as the stain-and-water-resistant coatings on many household fabrics, contain perfluorinated chemicals (PFAS) that can affect sex and thyroid hormone levels. Instead of these, consider such cookware options as stainless steel, carbon steel, or cast iron. And choose uncoated fabrics when redecorating.

1. ncbi.nlm.nih.gov/pmc/articles/PMC4801991/
2. www.nature.com/articles/s41574-019-0273-8
3. https://www.epa.gov/pfas/basic-information-pfas
Artichoke Burrata Pizza with Lemon Basil Pesto

- 1 ball of purchased frozen pizza dough, thawed and allowed to rise for 1-2 hours.
- 4 cups fresh basil
- 1 lemon, juiced and with zest grated
- 1/2 cup finely grated asiago cheese
- 1/4 cup toasted pine nuts
- 3 garlic cloves
- 1/2 to 3/4 cup olive oil
- 1/4 teaspoon salt
- 1/4 teaspoon pepper
- 1/4 teaspoon crushed red pepper flakes
- 4 ounces freshly grated provolone cheese
- 2 balls of burrata cheese (8 oz. of fresh mozzarella can be substituted)
- 1 12-ounce jar of marinated artichoke hearts, drained
- a few fresh basil leaves for garnish

Heat the oven to 425 degrees F.

Roll out the dough or shape by hand into a 14-inch circle, then place on a baking sheet or pizza pan sprinkled with a small amount of corn meal. Place a towel over the dough and let sit in a warm place for 10 minutes.

Meanwhile, combine the basil, lemon zest, juice, cheese, pine nuts and garlic in a food processor. Pulse until small crumbs remain, then with the processor running, stream in the olive oil. Start with 1/2 cup and add the extra if needed to reach the desired consistency. Add salt, pepper, and red pepper flakes and blend again. Taste and adjust seasoning if needed.

Spread a few tablespoons of the pesto all over the dough. Top with the grated provolone. Tear apart the balls of burrata (or mozzarella) and place them all over the dough. Add the artichokes.

Bake for 20 to 25 minutes until the cheese is golden and bubbly. Remove and top with the extra basil and parmesan if you wish. Slice and serve immediately.

Makes one large pizza that serves 3-4 people.

Adapted from howsweeteats.com

“You better cut the pizza in four pieces. I’m not hungry enough to eat six.”

~Yogi Berra
Kathy had the greatest smile! Everyone felt her energy, her warmth and love of life through her smile. Her sparkling blue eyes and beautiful smile would light up a room. She was funny, outgoing, and loved being with people.

Kathy enjoyed being an at home mom to her 3 children. In 2005 that changed when her husband unexpectedly died. Kathy soon realized she needed a new career to support her family. She put herself through school, all the while raising her 3 young children and received her master’s degree in adolescent special education from St. John Fisher College. It was during this time (2008) Kathy was first diagnosed with Breast Cancer.

To say Nothing came easy for Kathy would be an understatement ... but that never dampened her “can do” spirit. She loved life and lived life to the fullest. In October 2019 she was diagnosed with advanced metastatic breast cancer. She amazed us all as we watched her determination and strength, and faith once again get called into action.

Kathy spent her lasts weeks where she was happiest. Home with her lake view surrounded by her children, family, and friends. She never lost her beautiful smile, or her determination to live right to the very end.

Helping her navigate her final journey was an honor I will cherish forever. Little did she know how many lives she touched with that smile, all treasured memories with Kathleen Margaret.

At a moment when I was thinking and loving my dear Mother Goddess Diane, this memory from 2013 popped up on my Facebook wall. It’s what she always taught me. I will always remember the lesson.

**The Lesson is ALWAYS LOVE**

My focus in every breath and action in life is to promote an experience through love. I am not perfect. I do recognize my mistakes and try to right them. I always do my best with love in my heart. I fill my thoughts, words, and actions with love and compassion in any situation.

I feel everyone deserves to be loved and respected no matter their beliefs, race or lifestyle choice. My purpose in exploring this human existence is to promote equality through love. I have been given gifts to guide me with this purpose and I am so grateful and blessed. I send love to every being in this moment and those to follow.

**Live in peace my friends, everything else has no love.**

Love is always the lesson.

In all moments, look for love.

Love is ALWAYS the lesson.
Our peer mentors are uniquely equipped to add a whole new dimension to the circle of support surrounding an individual recently diagnosed with breast or gynecologic cancer. In addition to the vital support offered by family members, friends, and health care providers, a mentor contributes the voice of experience and the reassurance that beyond the devastation of hearing the words, “You have cancer,” through multiple medical appointments and the surgeries and treatments that follow, there is hope for better times.

This hope comes in the form of an individual whose experience was much the same in ways that are important to the newly diagnosed person. So there is no one-size-fits-all approach to matching mentees with their PALS mentors. Each person carries their own life experiences into this new and uncharted territory - experiences that define them as an individual. This is one reason it’s vital for our support staff to meet with each person who contacts us for the first time. We simply can’t make good mentor-mentee matches based on facts from a pathology report. As we engage in deeper conversations and gain a clearer picture of a newly diagnosed person as an individual, their real needs become apparent and we are able to connect them with mentors whose experiences are truly relevant to their current situation.

Our procedure, which has been honed over the twelve-year history of the PALS program, is necessary to foster the kind of mentee-mentor interactions that can make the biggest difference for a newly diagnosed person.

If you or anyone you know has recently been diagnosed, call us. We will meet you where you are, honor your confidentiality, and if you desire, connect you with someone whose experience can shed a good deal of light on your own path; whose presence will give you the confidence to take the next step along the way. And the next one after that. And so on.
clearly, and uncompromisingly. “State your need in a pleasant but firm way,” she advises. “There are services to which you’re legally entitled.”

Kate’s pleasant, direct manner served her well at her first oncology appointment. By this time, patients were the only ones allowed into medical facilities; support people waited at home or outside in the car. That day, Kate’s husband drove her to the appointment and accompanied her into the center. Kate introduced him as her “sighted assistant” and he was cleared to guide her though the unfamiliar facility and remain by her side during medical consultations. As her sighted assistant, he would also accompany her as far as possible to medical procedures.

For Kate, the procedures she and her medical providers determined would be best included a partial mastectomy (commonly known as a lumpectomy) and an eleven-day course of radiation treatments. Her surgery was delayed due to COVID concerns, and in the interim, Kate began taking an oral hormonal medication to target her estrogen-and-progesterone-sensitive tumor. She will continue that medication for at least five years.

When the time for surgery came, Kate’s sighted assistant – her husband – was able to enter the hospital alongside his life partner at a time when most support people were not allowed to do so. He patiently waited the fourteen hours it took for Kate to undergo surgery and recover sufficiently to go home. For her radiation treatments, he escorted her to the door of the room before thoughtful technicians kindly led her to the table for the procedure. This gentle yet determined advocate sought and found the support she needed at every turn.

It was Kate’s dentist – the one she had seen the day after her mammogram – who first suggested she call the Coalition. A survivor of the disease herself, her dentist had availed herself of our programs and services, and remains a treasured member of our survivor community. Kate soon attended a Zoom Breast Cancer 101 session, then began attending Brown Bag Friday lunches (also conducted by Zoom), all before her surgery. She has since become a frequent, cherished, sunny presence at these gatherings.

During COVID, we at the Coalition have been delivering PALS Paks to BC101 newly diagnosed individuals, and when Kate received hers, she was overwhelmed with emotion. “Somebody really does care!” she thought. However, she was unable to read the copy of Dr. Susan Loves’ Breast Book contained in the pak and didn’t want to impose on others to read it to her. The resourceful Kate checked the Library of Congress and, sure enough, found an audio version of the book, which she was able to download. Where there is a will, as Kate knows so well, there is a way.

Kate has also participated in our Voices and Vision writing group (a natural fit for her), where she found the facilitator “very accommodating” and enjoyed the classes to the fullest. She also took part in a four-week session of Surviving and Thriving on Aromatase Inhibitors, and was grateful to receive an email containing all the printed materials. A device that converts her email to spoken language ensured Kate’s full participation in this informative and supportive program. A national group for blind people diagnosed with cancer has rounded out Kate’s circle of support and provided her with additional resources, but her local connection is here with us at the Coalition. And we are grateful for her presence among us.

A quintessential educator, Kate has been gently guiding us at the Coalition in ways to ensure a blind person is included in the conversation. She politely requests that Brown Bag participants identify themselves when speaking – a simple but inclusive strategy. Body language and facial expressions aren’t useful cues for her, and Kate reminds others to “Use your words.” In fact, she once scheduled a telemedicine visit with a provider whose visually expressive communication style wasn’t working for her, and found that conversation to be helpful.

Of course, having a sense of humor helps, and Kate is not one to shy away from a good joke. When the remark made at a recent Brown Bag that “Hindsight is 20/20,” she quipped, “That’s the only kind of sight that’s 20/20 for me!”

When she went blind, Kate’s first thought was of her young children. Upon learning of her breast cancer diagnosis, her thoughts once again centered on her now-adult children. “Both times, I wanted to assure them that I’m okay.” Kate relied on her innate inner strength to gather the outer resources needed to navigate this uncharted territory and, in the process, became more than just okay. She found new ways to make meaningful contributions to her family and to the world.

“Everything is possible,” is Kate’s reminder to anyone faced with a life-altering situation. “You may need help in the beginning, but then you’ll be off and running.”
LGBTQ+ Breast and Gynecologic Cancer Survivor Group

We are an organization driven by the needs of those we serve. Our programs and services continually evolve in response to those needs, and we are always evaluating and reassessing our offerings as we talk with survivors about what is important to them. Programs develop, grow, and change as a result of these conversations.

In January 2018, we introduced a series of focus groups to determine how we might better serve the needs of our LGBTQ+ breast and gynecologic survivor community. For multiple reasons, this community is disproportionately affected by breast and gynecologic cancer. Working under the guidance of Scott Fearing, former Director of the Out Alliance, we conducted a series of focus groups with members of the LGBTQ+ community, hoping to learn how best we could support them. Participants revealed that while many felt fully comfortable and warmly welcomed in our existing programs, others felt that a group which specifically addressed their unique needs might be a more comfortable way to navigate the difficult decisions on the path to healthy survivorship.

Thus we began our monthly Breast & GYN Cancer Networking Group specific for the LGBTQ+ survivor community and their partners. Unfortunately, participation in the group has never been strong. What are the reasons? We hesitate to pull the plug on a group that might still serve a purpose. Will a renewed effort to publicize the group be enough to keep it going? Are there needs within this community we are not addressing? Is there simply no need for such a group? We rely on YOU, the survivors, thrivers, and supporters of our organization to share our offerings, and to help us know what you need. Please share your thoughts at info@bccr.org or holly@bccr.org

The Breast Cancer Coalition hosts a monthly networking group to support LGBTQ+ breast and gynecologic cancer survivors.

We welcome partners of survivors to join the discussion.

The LGBTQ+ Breast and Gynecologic Group is a drop-in, professionally-facilitated, networking/support group that meets virtually on the 4th Wednesday of each month, 5:00 - 6:30pm.

Please contact us using the phone/email below to receive a link to this group meeting.

While we continue to practice social distancing; all of our programming is virtual.

The Coalition encourages you to spread the word about the LGBTQ+ Breast and Gynecologic Cancer Survivor Networking Group to those who may benefit from the focus of this group.

All people are welcome here.

For more information/ reminded of programs and support services, contact our Program Director, Christina at (585) 473-8177 or Christina@BreastCancerCoalition.org.
OUTREACH UPDATE

Reaching out...virtually

Lori Meath,
Outreach Director

It’s been a year. One long year of no health fairs, workplace wellness events, fairs, or Lilac, Park Ave, Fairport, PRIDE, or Clarissa Street festivals. There’s been no attending bowling, hockey, baseball, soccer, volleyball, golf and other tournament fundraisers.

It’s been a year. A VERY long year of not spending days in the sun (or rain) with treasured volunteers. I miss you all!

You’ve helped to spread the word to the newly diagnosed that we are here and ready to serve. You’ve spread the word that all of our wonderful programs are running virtually. You’ve continued to participate virtually in the Pink Ribbon Walk and Run, the Golf Tournament, and our ARTrageous Affair. You donated items for auction—thank you so much!!

Consider creating a fundraising page for this year’s Walk.

Become a GEM; a monthly giver. No gift is too small to make a big difference!

Join one of our committees. We need your energy and imagination on the Advocacy Committee, Research, Golf, Walk & Run, and ARTrageous committees, as well as others.

We have not forgotten you. We WILL gather again, and it will be wonderful. And in the meantime, please don’t forget us.

We need you!

FUNDRAISING FRIENDS

FOR ONE OF THEIR OWN

Triano’s Meat Market & Deli

Triano’s Meat Market is a business in the fine tradition of a neighborhood, family-run enterprise. The Market has raised funds for our Coalition several times in previous years. This year’s effort was more personal, as one of their beloved family members faced a breast cancer diagnosis herself.

In a community show of support, the Triano’s customers helped the store to raise $868 in October for our benefit.

Thanks to all, and best wishes for a long, healthy life to the family survivor!

BEAUTY WITHIN AND WITHOUT

As a young breast cancer survivor, Michaela Raes knows how devastating surgery and treatment can be on a woman’s sense of her own physical beauty. Partnering with two professional photographers, Michaela started the Breast Cancer Boudoir Project in an effort to celebrate the women who have faced these body changes. Her hope is that sharing these images will help to artistically and elegantly redefine the way that patients and survivors view their bodies.

Donations from the October kickoff of the project were given to the Breast Cancer Coalition, resulting in a gift of $500. For more information about the Boudoir project: https://rocboudoirexperience.com/breast-cancer/

FRIENDS AND FUN

Prominently located at the four corners of the beautiful village of Pittsford, Chandelier’s is a shopping mainstay for beautiful and affordable women’s fashions. Owned by Darlyne Truax, the store’s atmosphere is one of female conviviality. We have benefitted from in-store October events for several years.

2020, despite the challenges, was no exception to the annual fundraising campaign. Thanks to the customers and staff of both Chandelier’s locations (Pittsford and Canandaigua), we were thrilled to receive a donation of $500.

IT ALL ADDS UP!

Smaller campaigns on our behalf are the cornerstone of community-based fundraising efforts. Thanks to the following who were so generous with their gifts. Your help matters!

- The Honeoye Falls location of Lattimore Physical Therapy donated $112.
- We appreciate the gift of $21.26 from Sabika Jewelry consultant Beth Hinog.
- Thanks to the wonderful women at Salon ROC for your donation of $135.
- Pampered Chef consultants Marla Hamilton and Lynn Kelly each held October promotions for the Coalition’s benefit. They were able to raise $188 and $137 respectively.
- The ever-popular Friday Jeans Day fundraiser was once again a success at Highland Family Medicine and they donated $57.
- Thanks to DVTD Consultant Jennifer Barzicak for her gift of $80. Jennifer donated part of her commission from an October party hosted by our own former staffer Cindy Dykes.
THE POWER OF PINK

Brighton Collectibles Eastview Mall location participates in the company’s October Power of Pink Campaign each year and has directed their donations to the Breast Cancer Coalition since 2016. Sales of the delightful and limited-edition POP bracelets and other accessories are highlighted with special in-store events and specials, and an educational breast cancer display is created. This year, activities had to be limited but we still participated in an evening virtual presentation for customers.

We were given a most welcome and appreciated gift of $362 from the staff and customers of the Eastview Brighton store.

THE CORNERSTONE OF OUR COMMUNITY

According to Office Manager Katie Giovanni, the entire team at Cornerstone Dental enthusiastically embraced their campaign to raise money for the Coalition. Said Katie, “So many people are affected by breast cancer in one way or another!”

Activities in the office during October included team appreciation events, wearing pink, selling ribbons, and a 50/50 raffle.

They also raffled various gift cards and products, and all the proceeds were donated to the Coalition.

Their donation is – WOW $750!

REMEMBERING KYM

To honor the memory of their dear friend and former shop owner Kym Casciani, the staff of the 2150 Salon and Spa at 2150 Monroe Ave. sold sheets of the official 2020 Breast Cancer Awareness postage stamp. $2 of the $15 purchase price were given Breast Cancer Coalition.

Thank you to our friends at 2150 for your gift of $365. We remember Kym so fondly.

SOMETHING FOR EVERYONE... INCLUDING THE COALITION!

The Shops on West Ridge is a Rochester shopping mecca! With 55,000 square feet of space and over 200 unique vendors, the Shops offer something for just about anyone.

Several years ago, our friend Deb DiShaw Smith of Deborah Jean & Co. introduced the Coalition to the SOWR when she coordinated a huge fashion show at the location for breast cancer awareness month. Her fellow shopkeepers responded enthusiastically, as did their wonderful customers.

In the years since that event, the Shops family of vendors has continued to support the Coalition. In spite of 2020’s challenges, the SOWR were able to present us with a check for $600. We are so grateful for our loyal, local supporters.

FOR THE LOVE OF LISA

These fine young women represent the Hilton JV Soccer team, who have been closely touched by breast cancer. Two of their coaches are breast cancer survivors, and beloved coach and teacher Lisa Tydings was lost to the disease in 2020. (Lisa was an active volunteer with the Coalition)

Sporting Mrs. Tydings’ initials on their custom team jerseys and the initials of affected loved ones on their arms, they raised $4200 for the Breast Cancer Coalition with the help and support of teachers, coaches, players, family members and friends in the Hilton Central District. You are all amazing and inspiring!

KINDNESS ABOUNDS!

Our Lady of Mercy High School Seniors complete a MOTTO service project as part of preparing for graduation. Seniors Teagan H. and Mary C. lovingly created twenty care packages for newly diagnosed women, including helpful items for their recovery. Included in each are soft, cozy socks, a post-surgical pillow, lip balm and a hydration bottle as well as a cheerful card and supportive note.

These lovely tokens of care and concern are being be shared with those who are turning to the Coalition for support in the aftermath of their diagnosis.

BreastCancerCoalition.org
IT DOES FEEL GOOD!

Undeterred by the need to dance outdoors, Zumba instructor Karen Ervay arranged her benefit Zumbathon in the Feels Good Fitness parking lot in Hilton one October Saturday afternoon. Armed with her pink chalk and the help of owner Janine Graziano, she and her team set up a socially distanced “classroom” on the blacktop and held three afternoon sessions. Spirits ran high and voices became hoarse, but this afternoon of friendship and charity resulted in a donation of $718 to the Breast Cancer Coalition.

LOCAL FIRE DEPARTMENTS SHOW THEIR CARING IN THE COMMUNITY

Flash Point Customs is a 100% firefighter-owned company created from the hobby-turned-passion of co-owner Michael Sanfilippo. He turned this passion into a working business against all odds in 2020 and has quickly become known for creative expertise and community-minded service.

Michael decided to partner with his father Gary Sanfilippo, brother Bob Metcalfe, and best friend Josh Mastin. Aside from having firefighting in common, their unique skill sets each bring a layer of productivity and creativity to Flash Point Customs.

In honor of Breast Cancer Awareness month, they created a custom, insulated tumbler for the Coalition and dedicated $5 from the sale of each one to us. Buyers could choose mailing or were able to pick up their tumbler in the Coalition vestibule. To date, we have received $135 from the sale of the tumblers. These are still available for order! Contact Bob at https://www.flashpointcustoms.com/

The Rush Volunteer Fire Department is dedicated to serving all communities within their greater community. In recognition of October’s breast cancer awareness month, department president Heidi Sweet let us know that a line of custom T-shirts and hoodies were being offered for sale with all proceeds benefitting the Coalition. Though restricted to online orders and sales only, the department was still able to present us with $250. According to Ms. Sweet, the campaign will be run again in the spring of 2021!

Monroe County Fire Bureau’s Michael Stoerger is well known to us and to his fellow firefighters as the organizer of a spirited hockey tournament for the Breast Cancer Coalition each year. He also helped spearhead the effort that, in cooperation with the Monroe County Water Authority, presented us with an authentic, custom-painted fire Hydrant of Hope!

Unable to hold their tournament this past year, Monroe County Fire Bureau hockey team teamed up with the Ridge Road Fire Department to display the Hydrant of Hope as part of a Go Fund Me effort to raise money to provide a bell for a local cancer center as well as a donation to the Coalition. They were very successful at both endeavors, and we offer a hearty thank you to all of the firefighting community for a gift of $450.

THE NEW KIDS ON THE FRANKLIN STREET BLOCK

New in 2020, Vault Rochester fitness studio describes itself as “… a premium boutique urban-contemporary fitness studio offering class-based cycle, boxing and fitness experiences.” This woman-owned business sits at the heart of Rochester’s downtown business district and has quickly become a hub of lunchtime and end-of-workday work outs.

Anxious to serve the community Vault calls home, owner Stephanie Green scheduled a special series of donation-based classes to raise money for Breast Cancer Awareness month. Instructors donated their time for these special class offerings, and raffle items were obtained from fellow business owners.

Stephanie and her daughter Elizabeth stopped by to present the Coalition with the proceeds of their October fundraising events, and we were truly amazed and humbled to accept their donation of $3072!

FROM WONDERFUL WILLIAMSON

Faced with a mountain of challenges this school year, the Williamson Central School Wellness Committee has remained committed to the well-being of staff. Activities in October were dedicated to the many fellow staffers who had faced the challenge of breast cancer. According to Tammy LaBarr, when sending in their donation “so many have been affected in one way or another.” The generosity of this group is impressive, especially during these challenging times; we were thrilled to receive $775 from the group.
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 contributions between October 1 - December 31, 2020.

IN HONOR OF:

All breast cancer patients & survivors
Caterina Cook
Mary Francina Golden
Laura Ivan
Tiphaine Ketch
Linda Pilkington
Vicki John Salmon
Jessica Shand
Tiffany Singer
Deepika Singh
Taylor Wray

Cheryl Armstrong
Phyllis Connelly 😎

All those affected by breast cancer
V Sumati Devadutt 😎

All who are battling breast cancer
Mary Reed 😎
Bonnie & Ed Wurtz 😎

All those affected by breast cancer
Kristin Skinner, MD 😎

All who are battling breast cancer
Alex Casciani’s 29th Birthday Fundraiser
Diane Alderman
Will Barbosa
Kristen Baskewicz
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Mark Sanguinito
Susan Schiffmacher
Randell Sierens
Charles Vandyne
Emily Vandyne
Lindsay Weightman
Robert Williams
Rob Wright
Alexa Zeller

For several years, Chili Fusion Soccer parent Erin Noll has reached out to us to invite us to their annual Pink the Field Tournament. It didn’t seem likely that they would be able to play in the fall of 2020, but to their delight, they were able to organize a rather last-minute tournament.

Though Erin’s own daughter no longer plays in that league, “mom” was once again pressed into service to help organize and volunteer for the day. Erin reflected the thoughts of all involved, “It was so wonderful to have some normalcy in seeing kids play the sport they love even if it was for a few hours.”

This was Chili Fusion’s 7th year hosting the Pink the Field tournament. Amy Wood is the primary organizer every year and receives great support from the team, their families, and other volunteers. And the Town of Chili painted the field lines pink once again.

This year’s tournament raised a stunning $6700!
IN MEMORY OF
My dear sister, Mary
Agnes Griffith, PhD
My mother and sister
Joyce Paley
Karen & Dorthy
Josephine & Dr. Frank
LaMar
Lucy Agati
Mary Jo Dussault
Genevieve Agostinelli
Mafalda Agostinelli
Barbara Auld
Sheila & Robert Auld
Virginia & Richard Britton
Jane Bauer
Jay Fay
Susan Berg
Nancy Gertner
Kathy Bernhardt
Peter Rosenthal
Ruthie Bershad
Stacey Bershad
Cecile Beutel
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Donna Capozzoli
Rose Capozzoli
Donna Capozzoli
Kym Cardamone
Tracy Bowman
Robert "Santa" Carey
Linda & Robert Lagree
Arline Chatfield
Sandy Leary
Helene Cross
Betty Baybutt & Family
Martha Dolan
Sarah & Rich Flaherty
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Mary Maggio
Sandy & Richard Monahan
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Friends of Brian Kolb
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Joyce Lennon
Susan Maloney
RDG+ Partners
Andrea Reynolds

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Mimi Satter
Kathy Whitlock

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Janice Hoffman
MaryAnne Matejck
Mary Phillips

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Louise & John Giallombardo

Lisa Tydings
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BreastCancerCoalition.org
Wish List

- Breast cancer stamps
- Burt's Bees Lip Balm (sealed, no mint)
- Ear plugs (individually wrapped)
- Journals for writing
- Note cards, notepads (bound at top)
- Sleeping masks, lavender or unscented only
- Tea: black peko, green, herbal, and flavored, in unopened boxes or tins (unopened packages of 20 or fewer)
- Thank-you cards (unopened packs)
- Computer paper, white
- Joann Fabrics gift cards

Thank You Donors

President's Circle
The Coalition recognizes individuals who have made leadership level annual fund or United Way gifts of $1,000 or more in the calendar year through the President's Circle.

Coalition GEMs
Coalition GEMs are a special group of dedicated supporters who help the Coalition throughout the year by making a monthly gift. Monthly gifts offer a steady and cost-effective source of income.

Coalition Loyal
Individuals who make an annual fund or United Way gift—of any amount—for two or more consecutive years are part of our Coalition Loyal Giving Society.

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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, evidence-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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Breast Cancer Coalition Inclusion Statement:
Just as cancer does not discriminate, the Breast Cancer Coalition recognizes the importance of a culture that strives for diversity. We honor individual differences whether color, race, religion, political viewpoints, socioeconomic status, physical abilities, gender, gender identity, gender expression, and/or sexual orientation. We are committed to increasing the diversity within the Coalition and welcome you to our safe, inclusive community.

Monday, August 9, 2021
Locust Hill Country Club

• Staggered tee times starting at 7:30am
• Tee times assigned in advance (golfers can request specific time slots)
• Box lunch & beverages, hors d’oeuvres reception
• Online silent auction

SAVE THE DATE for the Breast Cancer Coalition's special televised event
FRIDAY, OCTOBER 1, 2021
Share an evening with friends. Hear stories of hope from those we serve. Bid on awesome auction items. Learn more about the Coalition and the many ways that you can support survivors in our community. Stay tuned for more details.