Serving those with breast and gynecologic cancers

SATURDAY,
MAY 13, 2023

New Location!
MCC

Pink & Teal CHALLENGE

presented by
Van Bortel

REGISTER TODAY!
If you have been newly diagnosed with breast or gynecologic cancer, or are at the beginning, in the middle, or beyond treatment; or if you are currently living with de novo or recurrent cancer; or if you are a friend or family member... we welcome you to the Coalition!

Navigating a cancer diagnosis can feel tremendously overwhelming. As one survivor put it, “It’s like landing in a foreign country where you don’t speak the language, have no map or compass, and don’t know a soul.” Or, as another survivor shared, “I felt like I had just walked into graduate school with my kindergarten diploma.” One thing is certain: it’s a tough country to travel alone.

During the process of narrowing down your diagnosis and finalizing your treatment plan, there are meetings ... many meetings ... with many different providers. There may be consultations with oncology surgeons, medical oncologists, radiation oncologists, plastic surgeons, nurse practitioners, physician assistants, nurses, techs, social workers, dieticians ... a seemingly endless sea of new people with new faces. At some point along the trajectory of care, you may long for conversation and community with others who have simply ‘been there’. You may find yourself grieving the old you, pre-cancer, or you may be struggling with what others keep telling you is the “new normal.” The Coalition is the ideal place to land for anyone in the aftermath of a breast or gynecologic cancer diagnosis. Completely independent from our cancer centers, the Coalition helps you focus less on treatment and more on the path back to wellness. All of our programs are free of charge.

Sometimes it takes a wake-up call like cancer to bring us back to ourselves. The crisis of illness may shake us free of the life that we have created and allow us to begin a return to the life that is our own.

~ Rachel Naomi Remen, MD

In March, I had the opportunity to participate in a workshop centered around healing circles. The concept is not new. Healing circles began over 100,000 years ago, when our ancestors began to gather around campfires. Even today, many indigenous and African clans continue the practice. The term ‘circles’ was familiar to me. ‘Circles’ are what we have strived to create here at the Coalition. Networking circles. Young survivor circles. Advanced disease circles. Research-focused circles. Healing arts circles. Advocacy/public policy circles. It’s who we are. At the root of it all is a desire to create a safe, supportive, welcoming space where we meet other ‘journeymen’ - those who’ve also landed in this strange country of cancer.

Cancer treatment isn’t just about surgery, chemotherapy, and radiation. The Coalition is filled with people who have learned, or are learning, to take the time to heal. They understand the value of community. They come, often willing to share their stories with others, to help make this strange country less strange to those that follow.

To learn more about Healing Circles and the program I attended, visit commonweal.org. Or simply join us here at the Coalition. You aren’t alone.
“Carcinoma.” The word blinked back at me from my electronic record of the biopsy. It was 4:30 on Monday, May 10, 2021. With heartfelt compassion, a nurse I called confirmed my interpretation: I had breast cancer and needed surgery. I was 54.

I felt frenetic. Completely detached from my feelings and barely connected to my thoughts. I knew I had to tell someone, but what would I say? My brother and one sister are neighbors in a duplex. I wanted to tell them in person and at the same time. As I entered their shared lobby, they came out of their respective doorways, standing side-by-side.

On the drive over, I had pondered how to tell them; and perhaps God provided me with the words. Slowly, I began, “I’m OK,” and I truly believed this. My sister thanked me later for starting this way.

“I’m OK. I need surgery. I have breast cancer.”

My siblings hugged and loved on me, and I recited this three-line mantra as I told more family and friends. My niece pledged that night to “do the walks” with me.

My first reaction was guilt: I’m diagnosed with cancer, and my first instinct is to blame myself. Interesting, huh? I’ve learned that this is a common first response. Too much sugar! Not enough supplements! … My thoughts ran rampant. Mercifully, at my surgical consultation, the nurse practitioner assured me that I hadn’t caused my cancer. Absolved, I took myself off the hook.

Needing surgery did not frighten me, as I had six operations as a child. I live with cerebral palsy (CP), affecting all four limbs and my speech. I use a power wheelchair for mobility.

I knew I was not alone. I quickly counted eight women who had gone through breast cancer, including a colleague, diagnosed just three months earlier.

My diagnosis: invasive lobular carcinoma of the left breast. The original treatment plan involved a lumpectomy and radiation. My surgeon was optimistic that he could do intraoperative radiation therapy (IORT), an alternative to the standard postoperative 25-32 sessions. The plan felt manageable, and I felt hopeful.

When my surgeon sent me for a consultation about IORT with his colleague, I entered the appointment expecting to learn more. Instead, I learned two other things: my tumor was not a candidate for IORT; and I needed a mastectomy, not a lumpectomy. The game just changed and my head was spinning. My recovery would be lengthier and more complicated and require more time out of work.

During this time, I felt held and upheld by my family and many friends. Yet, because my mom now has memory issues, she couldn’t be with me the way that she was during my childhood surgeries. I missed her. My mom’s aide called the night before surgery, saying “I think if your mom were able, she’d call and pray with you. I felt the Holy Spirit prompt me to pray with you.” We both cried.

The next day, I felt kissed by grace. Before each interaction, I had some anxiety, afraid that I wouldn’t be heard, afraid that the hospital staff would be condescending as I have experienced on occasion. But...
In late 2020, Lindsay R. heard the words she never thought she would hear: “You have breast cancer.”

“I immediately catastrophized in my head all the awful things that could happen to me and my kids as soon as I got the call on New Year’s Eve,” recalls this active mother of two and busy health professional. “I knew better, but my reaction really surprised me. Despite knowing my outcome would be good, I immediately went to the worst-case scenario in my mind. It was a bit humbling and reminded me of the fragility of life, and I proceeded to love those around me a bit harder that day.”

After careful consideration, several medical consultations, and a good deal of soul-searching, Lindsay opted for a bilateral mastectomy – the removal of both breasts. Also presented with a number of options for reconstructive surgery, Lindsay chose a different path. “It wasn’t a hard decision for me,” she shares. “I knew pretty quickly I wanted to go flat.”

Among the surgeries available to treat breast cancer, the choices any individual may face will vary depending on a number of factors, both medical and personal. Several considerations influenced Lindsay’s decision, with one overriding concern: “I wanted to get back to work and back to my life as quickly as possible.”

Like Lindsay, many who opt out of reconstruction prefer a minimalist approach to their surgery. Others may have medical conditions and/or surgical histories that pose obstacles to reconstructive procedures. The reasons for going flat are as varied and diverse as the women who make this choice. It is helpful for those considering going flat to communicate their wishes clearly to surgical providers, and to ask about their experience with a procedure known as the aesthetic flat closure. This is a specialized form of surgery that results in a smooth, flat chest wall after one or both breasts have been removed. Breast surgeons and plastic surgeons may be familiar with this procedure, and naming it can help facilitate those conversations.
“I have absolutely no regrets about my decision,” says Lindsay. “I love my results. My surgeon really listened to me, and she did a wonderful job creating an aesthetic closure.”

Sara S. also made careful, informed decisions after her breast cancer diagnosis in 2018. “I was advised that a single mastectomy was sufficient. Based on my diagnosis, it was a quick, straightforward decision, but still, it was a very scary and daunting experience. With only a few short weeks to make such a challenging and personal decision, I talked to lots of other women and researched vigorously. I checked out books from the Coalition with [post-mastectomy] photographs. I looked at images of women who had chosen reconstruction and at those who had chosen to go flat. The images were so helpful. When I learned there is limited sensation in reconstructed breasts, I was convinced to go flat. I also met with a highly recommended plastic surgeon to discuss potential procedures and my personal options. The surgeon told me that I could take my time to make a decision, and I could consider reconstruction at a later date. This helped me to decide. A single mastectomy with no reconstruction was a good choice for me.”

Sara is clearly satisfied with her outcome. “I asked my surgeon if she could create an incision that was more contoured, rather than straight across my chest. She understood, but told me that she would have to do what was surgically best. She ended up giving me what she called a ‘Nike swoop’. I like it! I also like that I have the sensuality of one breast. It’s not something that is talked about enough, but it makes a huge difference. My partner would agree.”

According to Pebble Kranz, MD, FECSM, IF, a sexual medicine specialist in the Rochester area, “We are sexual beings, no matter what happens in or to our bodies. So, of course people with or without breast reconstruction are able to function as sexual partners. For sure, loss of one or both breasts may be a major upheaval in the relationship with one’s body. And the loss of nipple sensation as well as overall breast sensation can have a tremendous impact. Meanwhile, human beings are capable of remarkable flexibility in what is pleasurable. There’s a technique called pleasure mapping to help people explore what feels good in their bodies as they are in the present. That is possible, and may be necessary, regardless of breast reconstruction.”

Visual aesthetics also matter, and those who go flat often find creative ways to honor their new bodies. Deb H., a survivor of both breast and gynecologic cancer, was not interested in reconstruction after her breast cancer diagnosis in 2017. “After the bilateral mastectomy and the abdominal hysterectomy, my body had three large scars,” she shares. “I wanted to change the scenery that I was faced with every day. I opted for a full chest coverup tattoo. I have a full-color floral cover-up that looks like lingerie. Every day when I see the tattoo, I feel empowered. I didn't choose to get the cancers that I had, but I chose to change what I looked at each day.”

After recent scar revision surgery to remove excess tissue under her arms, Deb is even more pleased. “The surgery was well worth undergoing. I feel like a new and improved me.”

Among those who choose breast reconstruction, the overwhelming majority do well. But a few may find their path has detours. After her breast cancer diagnosis in 2014, Maureen D. initially chose to have a single, or unilateral mastectomy. At the time of her surgery, a tissue expander was put in place; a more permanent breast implant would be inserted at a later date. Her intention was to undergo the exchange surgery after completing radiation, which was also part of her treatment plan. However, she had to adapt. “My skin shrunk around the expander site after radiation and I developed lymphedema, so I wasn’t excited about having the surgery to get my expander swapped out for the implant. During a physical therapy session to treat my lymphedema about five years later, the therapist mentioned a plastic surgeon who was doing revision surgery that involved removing the implant and performing fat grafting. After meeting with her, I opted for this.”

Maureen’s choice was right for her. “I’m very satisfied with my results! My circulation, posture, and range of motion are much better… I think it's important for anyone considering fat grafting to understand that, while it will provide more fullness, it’s not a new breast. I have chosen to wear a light weight bra form, which is ideal for me. I’m pretty active and this works perfectly for biking, swimming, yoga and Pilates.”

Another consideration for some is a procedure called Goldilocks surgery. This is an oncoplastic surgery technique, which combines cancer-removing surgery with cosmetic surgery. In the Goldilocks procedure, the surgeon or plastic surgeon uses the tissue left behind after a mastectomy to either construct a flat chest wall with no concavity or create a small breast mound. For those who prefer minimal surgery, it can offer a “just right” option between going flat and more extensive reconstruction procedures; hence, the name “Goldilocks.” It can also be used to achieve an aesthetic flat closure.

For those who choose to go flat, or are considering it, connecting with empowered individuals who have made similar decisions is a helpful first step. The Coalition offers opportunities to do that through our
Now Is the Time We Have

By Susan C.

As one of the featured survivor-speakers at our annual Cindy Dertinger Advanced Breast Cancer Seminar: Tools for the Journey, which took place on October 13, 2022, Susan’s words inspired many. She kindly agreed to share her story – lightly edited – with our newsletter community as well.

My name is Susan, and I have stage IV breast cancer. I am a physician – a neurologist. It would be much easier for me to tell you about the neurologic complications of cancer. However, today I am doing something much more difficult. I am telling you my story.

Days before my 51st birthday, a biopsy found cancer in my left breast. An MRI showed extensive abnormal signals in my right breast. My whole body went numb when I got the news. After undergoing a bilateral mastectomy, I was told I had as close to a surgical cure as possible.

One year later, my mother died. Two years later, my 15-year relationship came to an end. Three years later, I had pulled myself up by the bootstraps, and was moving forward. Then, one day while driving to work, I experienced progressive neurologic symptoms. I was hospitalized. During that hospitalization in December 2019, metastatic breast cancer was diagnosed.

Perhaps it was my knowledge of medicine, or the belly punch that came with seeing the MRI images and understanding what they meant, but acceptance came early for me. The other stages of grief – the anger, denial, depression – crept in later. Despite my decades of practicing medicine, I did not understand the path that lay in front of me. You can only understand what it is like to live with metastatic breast cancer (MBC) if you are walking the walk.

Life can be hard, and it is unpredictable. With or without a diagnosis of metastatic breast cancer, we can all relate to that.

Living with metastatic breast cancer is predictably unpredictable. This has been my biggest challenge.

It’s hard to predict where I will be in one year, or in three months. It can be hard to predict how I will feel next week, tomorrow, and sometimes in two hours.

When I was diagnosed, I met with the CEO of my hospital to tell him my diagnosis as a friend, and to talk with him as my boss about my work. During this conversation, he asked me the most important question anyone had asked me: “What do you really want to do?” To this day, I reflect on my answer when I set goals for the days and months ahead. The first thing out of my mouth was: “I want to travel. I want to see my friends and family.”

One month after my diagnosis, I developed severe fatigue, nausea, and diarrhea with the medications that halted the progression of my cancer, and halted my career. Two months after my diagnosis, COVID hit. Three months after diagnosis, I started dreaming of how I could reach my goal, even if it was just to drive to a friend’s house and have an outdoor lunch. Eleven months after diagnosis, after a reduction of my medication doses and stable scans, I bought a camper van. Now, anywhere I travelled – to a friend’s house, to my Dad’s place, to the hospital – I had a bed and a toilet.

Seventeen months after diagnosis, with the help of a dear friend and family members, I realized my dream of driving across the country. I spent quality time with friends and family, played my cello on the rim of the
Grand Canyon at sunrise, walked among petrified wood, slept in the desert, saw Joshua trees, and ... I danced in the Pacific Ocean!

Maintaining connections with people has been essential for me. If I can’t visit in person, there are phone calls, video chats, and mornings curled up with pen and paper. A life line has been the people who lean forward, always asking if they can visit or help. They bring food when I can’t cook, and pick up groceries and medications when I do not have the energy for such tasks.

Two years ago, after the isolation of the first COVID winter combined with the isolation of MBC, I received an email from the Cancer Resource Center of the Finger Lakes about the Coalition’s Advanced Breast Cancer Seminar. I had few expectations for this conference. I had read in detail about my diagnosis and treatment with all the resources I had as a physician.

I was wrong. That seminar had a profound impact on the years that followed. The top three things that came from it were:

**ONE: MY DIET CHANGED.**
Dr. Thomas Campbell spoke of his study on the effects of a whole food plant-based diet for people with MBC. I participated in that study. To this day, I continue this diet, as it gave me more energy and returned me to a healthy pre-breast-cancer weight. Without the diet change, I doubt I would have been able to travel across country.

**TWO: COMMON GROUND**
I was introduced to Common Ground, the Coalition’s support/networking group for people with metastatic breast and gynecologic cancer. The people in this group understand all too well the unpredictability of MBC. They have first-hand knowledge on medication side effects and how those may be minimized. The pearls of wisdom shared in our gatherings come from people who are in your shoes.

In medical school, one of the pearls taught to students in pediatrics is “Listen to the mother. They know what is happening to their children.” With MBC, the pearl that should be taught is, “Listen to the person walking the walk. They know intimately what is not written in the medical books or papers.” Common Ground is a wealth of knowledge, and its members are full of heart and support.

**THREE: ONLINE CLASSES**
I began to participate in the Coalition’s online classes. I had a schedule during the second COVID winter; the second winter of living alone with MBC. This has helped me move from one day to the next with some feeling of productivity and anticipation.

When living with MBC, it is essential to focus on the word ‘living’. To have time with friends and family that is not all about cancer. To take time to be with myself and nature – enjoy a nap in the sun, watch the leaves blow in the breeze, put my toes in a cool lake, make a snow angel.

It may sound as if I have it all together. I don’t. On my better days, I feel I need to get everything done, as who knows what tomorrow or the next month may bring? Then there are times when I need to pause, retreat, and grieve. It helps to think in short chunks of time.

What do I really want to do right now? What do I really want to do tomorrow? Where do I really want to travel? No one knows what time they have on this earth. And sometimes it is important to just take the moment we are in...and breathe.

Now IS the time we have...to smell the flowers.
In August 2018, I was experiencing abdominal bloating, which I had thought was lactose intolerance. I had eliminated dairy from my diet. But the symptoms continued, with a remarkable “weight gain,” which turned out to be ascites; a buildup of fluid in my abdomen. I went to my internist and he sent me for a series of lab tests and a CT scan. Both confirmed the diagnosis: ovarian cancer, stage III.

I was sent immediately to a gynecologic oncology office. There, I met with my first oncologist. I was placed on chemotherapy for six months. After four months, my body responded well to the treatment and I was scheduled for a robotic radical hysterectomy and bilateral salpingo-oophorectomy (BSO)* in December of 2018. The surgery went well. After surgery, I completed my chemotherapy. I rang the bell at the treatment center and had a year free of cancer.

Then, in May 2020, my CA 125** was no longer in normal limits and rising. I returned to chemotherapy for another six months. Once again, the chemo worked, giving me another seven months. Then, in May 2021, the CA 125 begin to rise again. My oncologist asked me to consult with one of his colleagues, who became my new primary oncological physician due to her expertise in chemotherapies and immunology. Since July of 2021, I have been in chemotherapy, with some good and not-so-good results: CA-125 numbers fall to normal range, then began to rise again.

Over the past four years, I have continued to work in full time capacity. I am a teaching artist (writer) in the schools, a college (English) instructor, and active creative writer. In August 2021, I retired from St. John Fisher College after 24.5 years; yet, I continue to teach at SUNY Brockport. I think my continued teaching and writing has kept me “looking forward.” Cancer is mentally consuming. It’s best to surround one’s self with all the things that bring joy, rather than suffering with what one does not know.

Consequently, during the year I was “in the clear,” I found the Breast Cancer Coalition. I began attending the Brown Bag lunch via Zoom. The women who attend these meetings are an inspiration in their quick wit and knowledge. I have learned a lot about breast cancer. In particular, I appreciate the long-term survivors. I believe their presence gives newly diagnosed members the confidence that they will be successful, too. I have attended many Zoom lectures and complementary/alternative health practices, such as acupressure tips for neuropathy in hands and feet, or forest walking, or meditation – all of which I practice on a daily or weekly or monthly basis. In 2021, I became a PALS mentor which, for me, has everything to do with friendship. I am grateful to all the women that I have met over the past four years; I know that it’s their courage and honesty that have given me the courage to carry on.

*Surgical removal of both ovaries and fallopian tubes.

**A blood test that measures levels of a protein called cancer antigen 125, a type of tumor marker commonly found in people who have ovarian cancer.
Five Facts about Ovarian Cancer
By Pat Battaglia

Ovarian cancer does not always start in the ovaries.
Recent evidence suggests that many ovarian cancers may actually begin in the fallopian tubes. For reasons that are poorly understood, cells from very early-stage fallopian tube cancers can migrate to the ovaries or the peritoneum (the membrane that lines the abdomen), where they begin to grow rapidly.

Most who are diagnosed with ovarian cancer are not at increased risk for the disease.
About half are 63 years or older. Other common risk factors include:
• A family history of ovarian, uterine, breast, or colorectal cancer
• Carrying a genetic mutation in the BRCA 1 or BRCA2 genes, or the mutation associated with Lynch Syndrome
• An Eastern European or Ashkenazi Jewish heritage
• Having endometriosis

There are factors that can reduce the risk of developing ovarian cancer.
• Pregnancy, childbirth, and breastfeeding are associated with a modest reduction in risk.
• Oral contraceptives can also reduce the risk slightly, although this must be balanced against the small increase in the risk of breast cancer associated with these medications.
• Risk-reducing surgery is an option for those who carry genetic mutations linked to ovarian cancer.

The early signs of ovarian cancer can be difficult to recognize.
Pay attention to your body, and know what is normal for you. Some common early signs of ovarian cancer are:
• bloating
• Pelvic or abdominal pain
• Difficulty eating or feeling full quickly
• Urinary urgency or frequency
• Pain during sex
• Menstrual abnormalities or postmenopausal bleeding

If you experience these for more than two weeks, contact a health care provider. Advocate for yourself if you need to!

Ovarian cancer survivors are a wellspring of support and companionship to each other.
The Coalition’s dynamic community of thrivers, survivors, fellow travelers along the way (or insert the term that suits YOU best) is here for all who have heard the words, “You have ovarian cancer.” Reach out to us. You aren’t alone!

Sources:
cdc.gov/cancer/ovarian/
cancer.org/cancer/ovarian-cancer/
cancer.gov/types/ovarian/
ovariancancerproject.org/

3RD ANNUAL GYNECOLOGIC CANCER SEMINAR
Pathways to

EDUCATION • CONNECTION • SURVIVORSHIP

September 2023 • Stay tuned for details.
A new legislative session is underway, and our Advocacy Committee has been busy strategizing!

Committee members feel it is essential to introduce the Coalition to those who are newly elected to public office and familiarize these legislators with programs and services available to their constituents who have been impacted by a breast or gynecologic cancer diagnosis. A few Advocacy Committee members drafted a welcome letter to accompany a packet of materials from the Coalition, while others compiled information following redistricting and updated contact information.

Our committee meetings are abuzz with discussion of House and Senate legislative committees, following election results for potential collaboration on bills. Our advocates have attended meetings with other grassroots organizations like Just Green Partnership, Clean + Healthy NY, We ACT for Environmental Justice, National Resources Defense Council (NRDC), and the Sierra Club. These groups support many of the same legislative initiatives that the Coalition supports. By joining forces, we have a louder collective voice when speaking with our representatives.

S3331, which provides for the regulation of ingredients in personal care products and cosmetics, was reintroduced in the 2023 legislative session of the New York State Senate under a new print number: S4265. The bill has been assigned to the Environmental Conservation Committee, and is sponsored by Senator Lea Webb. Co-Sponsors include Gustavo Rivera, Julia Salazar, Neil Breslin, and Jabari Brisport. The Advocacy Committee considers this bill necessary because research indicates that many ingredients are endocrine disruptors with a link to breast (and other) cancers.

~

ad•vo•cate
• (noun) a person who publicly supports a particular cause
• (verb) to support or speak on behalf of a person, people, or cause

Christina Thompson, Advocacy Chairperson, Associate Director

Going Flat After Mastectomy, continued form page 54.

PALS program, our support/networking groups, and our private Facebook groups. (See pages 12-13 for more information.) Others who have “been there” can offer support that is truly meaningful.

As Lindsay sagely notes, “It is such a personal decision to make, and body image distortions typically go much deeper than a women’s breasts. In the end, what really matters is not what we look like, how we dress, or what others think of our bodies. What matters is how you live, how you love, and how you impact the earth and those around you.”

A few resources for those going flat:
• Thelma’s Boutique: post-mastectomy garments. Go to thelasboutique.com or call 585-256-2460
• Knitted Knockers: lightweight hand-crafted prosthetics: available at the Coalition or go to knittedknockers.org
• Not Putting on a Shirt: education, advocacy and support: notputtingonashirt.org
• Flat Closure Now: 501(c)(3) nonprofit organization advocating for patients: flatclosurenow.org or find them on Facebook

Resources for this article:
• ncbi.nlm.nih.gov/pmc/articles/PMC4886147/
• ncbi.nlm.nih.gov/books/NBK470317/
• ncbi.nlm.nih.gov/pmc/articles/PMC6759440/#
• cancer.gov/publications/dictionaries/cancer-terms
Our Voice in the 118th Congress

By Rebecca Solomon

Our Advocacy Committee, with the welcome involvement of all, gives survivor advocates a voice not only in raising awareness, but working to pass legislation that expands benefits, enhances access to care, and ends the environmental challenges we face that impact the health of our community.

At local, state and federal levels, Coalition advocates meet with legislators to provide a stakeholder’s voice in medical and policy arenas. At the federal level, the Coalition is the liaison to several New York State House of Representatives Members, both in the nearby districts we serve, and in the underserved areas where there are no other advocacy groups.

As the 118th Congress is now well underway, we are strengthening our relationships with returning members, and have established relationships with newly elected members. We are working diligently on H.R. 549, the Metastatic Breast Cancer Access to Act, and have taken on other initiatives at the federal level.

Our House members are:

- Rep. Marc Molinaro (NY-19),
- Rep. Elise Stefanik (NY-21),
- Rep. Brandon Williams (NY-22),
- Rep. Nick Langworthy (NY-23),
- Rep. Claudia Tenney (NY-24),
- Rep. Joe Morelle (NY-25),

Are you interested in joining us? Want to learn more? Let us know! Email Info@bccr.org.


BreastCancerCoalition.org
HEALING ARTS INITIATIVE

Our evidence-based Healing Arts Initiative is offered in block series of 4 - 6 weeks throughout the year. Call or email us today if you are interested in learning more about these beneficial offerings.

Breast or GYN Cancer 101 & 201

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 individuals 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.

Gentle Yoga

Gentle Yoga includes breathing exercises, restorative yoga postures, and mindfulness exercises with the goal to relax, be mindful, and improve range of motion and flexibility. Classes are 1 hour and 15 minutes.

Offered throughout the year on:
• Mondays at 10:00am with Susan
• Mondays at 5:30pm with Susan
• Tuesdays at 10:00am with Susan (IN PERSON)
• Tuesdays at 4:00pm with Susan
• Saturdays at 9:00am with Raksha
• Sundays at 10:00am with Sunni

Movement & Motion

Movements are designed to improve range of motion, balance, endurance, and strength. Benefits include increased lymphatic flow and decreased lymphatic swelling.

Offered throughout the year (IN PERSON) on:
• Thursdays at 5:30pm with Pamela

Qi Gong

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

Upcoming sessions begin (IN PERSON):
• Thursday, April 6 at 2:00pm with Raphaela
• Saturday, August 5 at 10:00am with Raphaela

Mindfulness & Meditation

Connect with your mind and breath to bring calm to self with a goal to improve your ability to relax, concentrate, and be in the present moment. Classes are 1 hour and 15 minutes.

Upcoming sessions begin (VIRTUAL):
• Saturday, April 15 at 10:00am with Debra
• Wednesday, May 10 at 6:00pm with Rick

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.

Upcoming session begins (IN PERSON):
• Saturday, October 28 with Jean

Voices & Vision

A writing class to thinking creatively while recording personal experiences, memories, feelings, and thoughts. Each week you respond to prompts that challenge you to reflect on the broader aspects of life. Classes are 2 hours.

Upcoming sessions begin (VIRTUAL):
• Tuesday, May 9 at 6:00pm with Nancy
• Tuesday, June 13 at 1:00pm with Ren

See BreastCancerCoalition.org for Healing Arts dates and registration details.
GIVE AND GET SUPPORT

Our Support/Networking Groups can be an important resource for people diagnosed with breast or gynecologic cancer. Some support groups are led by professionals. Others are more informal and discussion based.

**Newly Diagnosed or In Active Treatment Networking Group**
A professionally facilitated group to discuss your experience/questions.

**VIRTUAL**:  
- 1st and 3rd Wednesdays at 10:00am

**Breast & GYN Cancer Groups**
Gather, support, network, and discuss your journey with others. Professionally facilitated.

**VIRTUAL**:  
- 2nd and 4th Mondays at 5:30pm  
- 2nd and 4th Tuesdays at 5:30pm

**IN PERSON**:  
- 1st and 3rd Thursdays at 5:30pm

**Brown Bag Discussion Group**
A weekly discussion group over lunch!

**IN PERSON Lunch Group**:  
- Every Friday at 12:00noon. Bring your lunch; dessert is on a generous sponsor!

**Partners/Spouses, Family & Friends Networking Group**
Find camaraderie with others supporting a loved one diagnosed with cancer. Professionally facilitated.

**IN PERSON**: 1st Tuesdays at 5:30pm  
**VIRTUAL**: 3rd Tuesdays at 5:30pm

**Sisters of Color**
Professionally facilitated group to support women of color through all phases of their diagnosis. Alternating facilitators.

**IN PERSON**:  
- 1st Mondays at 5:30pm

**VIRTUAL**:  
- 3rd Mondays at 5:30pm

**Young Survivor Gatherings**
An informal and fun way to connect with others who walk a similar path.

**Call or email to be added to our invitation list.**

**Common Ground**
Living with Metastatic Breast or Gynecologic Cancer
Join others coping with a diagnosis of metastatic breast or gynecologic cancer. Professionally facilitated.

**Register** with Christina@bccr.org.

**IN PERSON Lunch**:  
- 1st and 3rd Thursdays at 12:00 noon

**VIRTUAL Discussion Group**:  
- 2nd and 4th Thursdays at 1:00pm

**Common Ground Partners**
Partners of Metastatic Individuals
Professionally facilitated group.

**Register** with Christina@bccr.org.

**VIRTUAL**:  
- 3rd Tuesdays at 5:30pm

**Lymphedema Networking Group**
For those living with lymphedema, caregivers, therapists, and medical personnel. Professionally facilitated. 2nd Wednesday of the month at 6:00pm. VIRTUAL links online.

**Surviving & Thriving on Aromatase Inhibitors**
This program provides information, support, and empowerment for those prescribed aromatase inhibitors who are experiencing joint pain or other side effects.

VIRTUAL, contact Christina@bccr.org to register.

Registrants must commit to all four sessions in a series.

- Wednesdays, June 7, 14, 21, 28, 9:00-11:00am
- Wednesdays, August 30, September 6, 13, 20, 6:00-8:00pm

**LEARN**

Research has shown that education and community have a positive effect on emotional and physical health outcomes. Registration is easy and may be done through our website.

**Evening Education Webinar**
Evening Educational Webinars bring information to our survivors and community friends. Held on the 4th Wednesday of the month at 7:00pm. VIRTUAL, register online.

- APRIL 26: “ABCs of Gynecologic Cancer” by Ashlee Smith, MD, URMC Gynecology Oncology
- MAY 24: “Surgical Management of Breast Cancer” by Kelly Krupa, MD, Rochester Regional Breast Center
- JUNE 28: “Healthcare Disparities”

**Lymphedema Networking Group**
For those living with lymphedema, caregivers, therapists, and medical personnel. Professionally facilitated. 2nd Wednesday of the month at 6:00pm. VIRTUAL links online.

**Book Club**
4th Thursday of the month at 6:00pm. VIRTUAL links online.

- APRIL 27: “The Sweetness of Water” by Nathan Harris, facilitated by Carol Moltz
- MAY 25: “The Rabbit Hutch” by Tess Gundy, facilitated by Angelique Stevens
- JUNE 22: “The Keeper of Lost Things” by Ruth Hogan, facilitated by Ashley Pinkeney

**NEW**

**VIRTUAL**:  
- 3rd Tuesdays at 5:30pm

**www.BreastCancerCoalition.org**
We at the Coalition continue to evaluate the community we serve to ensure our program offerings are relevant, supportive, educational, and evidence-based. This is the basis for our newest networking/discussion group: **Sisters of Color**.

Focus groups were conducted in October 2022 and facilitated by Ashley Pinkeney, LMFT. The groups met on four separate occasions, on different days and at different times, to allow as many different people as possible to share their thoughts with us. We asked the question: **Looking back to when you were diagnosed with breast or gynecologic cancer, what would have been helpful to you?** Many wonderful suggestions were offered, and the majority reported that a networking group specifically consisting of black and brown participants would have been helpful.

All focus group participants were invited back for a debriefing session with Coalition program staff to discuss the experience and establish the next steps. This session was an enlightening experience where the group name, **Sisters of Color**, was established by the collective! The themes discussed included how to communicate with family members regarding diagnosis and treatment, experience receiving support from faith-based groups, and effectively speaking with providers and feeling heard.

**Fatima Banister, LCSW**, who participated in the final focus group, accepted our offer to co-facilitate **Sisters of Color**. This group is accessible to those in the twenty-seven counties served by the Coalition due to our hybrid format. On the first Monday of the month, the group gathers in person at the Coalition from 5:30 to 7:00 pm, and meets virtually by Zoom on the third Monday at 5:30 pm. Ashley and Fatima alternate facilitation of this group and provide professional support. This is a drop-in group; an RSVP is not required. As with all our new program offerings at the Coalition, we will survey the participants after three months. Feedback will be shared among staff and facilitators to ensure the group meets the needs of those who join.

For more information about **Sisters of Color**, or to be added to our email list, please visit our website or contact Ali or Christina at the Breast Cancer Coalition.

**Sisters of Color Discussion Group**

- **First Monday of the month**: community is invited to gather in-person at the Coalition from 5:30 - 7:00PM
- **Third Monday of the month**: the group meets virtually by Zoom from 5:30 - 7:00PM
DORMANT CANCER CELLS:

What Wakes Them Up?

By Rachel Studley

It’s hard to choose just one session from the 2022 Advocacy Leadership Summit to share. The entire event – the speakers and the information they shared – were impactful. I’ve never felt so well-informed and prepared to speak with our elected officials. I would say that the most mind-bending experience for me was a smaller breakout discussion with Cyrus Ghajar, Ph.D., of the Fred Hutchinson Institute. This came after a plenary session he presented with Simon Knott, Ph.D., of Cedars-Sinai Medical Center, and Keith Knutson, Ph.D., from the Mayo Clinic. Dr. Ghajar studies metastasis – the spread of cancer cells to distant sites – and how the microenvironments of these sites can either put cancer cells to sleep or wake them up.

During the plenary, Dr. Ghajar spoke about his research that targets dormant cancer cells to figure out how they evade the immune system. The ultimate question was, “What causes metastasis?” Unfortunately, his answer wasn’t one we were happy to hear. He said it’s essentially a numbers game. With 30 trillion cells in our bodies, it only takes one cell that has the opportunity to change – and that change in vascular architecture can cause cancer. What wakes up dormant cells, or disrupts tissue? These cells tend to sit on blood vessels, and things like inflammation or a wound can cause structural changes. However, he noted, the majority of people can have surgery or break a leg and never have a recurrence.

Research like this gives me hope that, one day soon, breast cancer survivors will have some peace of mind regarding recurrence. And that the talk of preventive vaccines will come to fruition as well. I’m grateful for the people doing the research – and for scientists like Ghajar, Knott, and Knutson who not only take the time to share their research, but do so in plain English. I look forward to hearing about the advances in Ghajar’s research to eradicate dormant cancer cells and what is in store for this year’s Summit.
The Marvelous OVengers to the Rescue!

By Meredith Utman, Director of Special Events

In 2014, the Breast Cancer Coalition began offering support, education and advocacy to women with gynecologic cancer. Since that time, more and more women living with one of the gynecologic cancers have accessed the Coalition’s programs and support groups. Corinne P. and Shelli W., who live with metastatic gynecologic cancer, are two GYN survivors who have turned to the Coalition. Though they first became friends through their professions, it was their ovarian cancer diagnoses that connected them in a deeper way. They have attended Brown Bag lunches and the Common Ground Metastatic group at the Coalition and quickly became “sisters,” as they like to say. Last year, Cori and Shelli gathered their family and friends to take part in the Coalition’s annual walk and run on Mother’s Day weekend. I had time to speak with Cori about their dynamic partnership and the energy they brought to our event.

Q: Why do you Walk?
A: Our team is called the Marvelous OVengers, and some of us even wear capes! We walk to spread the awareness of Ovarian Cancer through the support of the Coalition. My TEAL sister Shell and 43 friends participated in our team. As we like to say, we are here to “Teal You About It!” Shell and I have been friends throughout our journey. Our team consists of friends that want to show support to us and the Coalition. Last year was our first year participating, and we raised $7,600! This year we want to earn even more!

Q: How does the Breast Cancer Coalition impact your journey?
A: Shelli and I have attended meetings and lunches with survivors. At one meeting, we noted that seven out of the thirteen of us had ovarian cancer. We both left that day thinking about what we can do to help get the word out about this deadly disease.

Q: What do you like best about the Pink & Teal Challenge?
A: We are super happy the name has changed to the Pink and Teal Challenge. We appreciate the acknowledgement of the many women with gynecologic cancer who are served by the Coalition.

Q: What would you say to encourage people to participate?
A: Shelli, myself, and all of our Marvelous OVengers, would love for more people to join us in the challenge. By spreading awareness on our behalf and on behalf of our team members, we feel that this year’s walk will be even more successful. We will use our voice and social media to spread the word!

Ovarian cancer ranks fifth in cancer deaths among women, accounting for more deaths than any other cancer of the female reproductive system. A woman’s risk of getting ovarian cancer during her lifetime is about 1 in 78. Her lifetime chance of dying from ovarian cancer is about 1 in 108.

Source: National Ovarian Cancer Coalition
We are THRILLED to host the Pink & Teal Challenge at Monroe Community College. MCC provides a well-managed, all-in-one setting that allows participants to park right on site and safely walk or run AND have FUN!

2,500 participants to celebrate 25 years of Impact!

That's right, we want 2,500 walkers and runners participating in honor of the Coalition's 25th anniversary. In-person or virtual, it's your choice. Register TODAY and join the Challenge SATURDAY, May 13th.

See you there!

5K RUN
Women only!

WALK
Everyone welcome!

This is a hybrid event, with both in person and virtual components. Virtual kick off on Friday at 5pm through Sunday at midnight anywhere in the world! You may register and fundraise online at www.breastcancercoalition.org.

Proceeds from this event benefit the Breast Cancer Coalition. Questions? Contact Meredith@bccr.org!
Kissed by Grace: One Woman’s Cancer Journey, continued from page 3.

"The Coalition came alongside me throughout my treatment. I reached out early, eager for information, and attended support groups as well as writing and meditation classes."

with each contact, my fears were eased, and I felt safe and strangely at ease. My brother stayed with me and I was thankful for his presence and company.

My tumor and five lymph nodes were removed with clear margins. What a relief!

I now sport a “uniboob.” For weeks after the surgery, whenever I undressed, I wondered, “What is the point of having one breast?” I toyed with the idea of reconstruction but kept returning to one main thought: I don’t want more surgery.

As someone who has always had a wonky body, I haven’t been particularly bothered by the appearance of my now-lopsided chest. Through the Breast Cancer Coalition, I learned about knitted knockers—handmade breast-shaped soft inserts for a mastectomy bra. Just as I was going to request some through the Coalition, a friend brought me six colorful ones she lovingly crafted. I was deeply touched. They work perfectly. I can even put one in a pocket in my bathing suit.

Recovery from a mastectomy as a single woman who depends upon both arms to make safe transfers from wheelchair to toilet, from wheelchair to bed, and back again, was a bumpy road. I did not qualify for in-patient rehab, yet I was not fully able to manage on my own. The aide I thought I had arranged for through my insurance was not approved until three weeks later—after a long, convoluted process. Initially, I couldn’t get into bed by myself and needed help emptying two surgical drains twice a day. Two friends, Kim and Wendy, took turns stopping by morning and evening until I could be more independent. Other life-giving souls offered support in many ways.

I met my medical oncologist in the fall and sighed with relief when she said chemo was not recommended for my type of tumor: I received a free get-out-of-chemo card. I also learned through a blood test that my risk for recurrence is low. I just had to get through the radiation.

Surprisingly, the 25 sessions went more smoothly than anticipated. The technicians were wonderful—skilled, compassionate, and professional—and worked with my ever-moving body. I could hold as still as necessary without needing sedation. Subsequently, I regained full functioning of my arm through physical therapy in the spring.

New friendships emerged from this experience and other relationships were strengthened.

The Coalition came alongside me throughout my treatment. I reached out early, eager for information, and attended support groups as well as writing and meditation classes. Holly, Ali, Christina, and Pat—and others along the way—infused hope in the midst of my fears. Today I look for opportunities to pass the compassion on. With one out of eight women having breast cancer in her lifetime, it wasn’t long before I met another who had just begun her journey. When I realized what she was saying, my heart dropped, and I offered some hope with the quiet knowing of one who has been there.

(1) Less than ten years old, IORT can be an option for people where distance or transportation are obstacles. Instead of having to make lengthy daily trips, patients receive one radiation dose during the initial surgery and are done. Not everyone is a candidate. https://www.breastcancercourse.org/intraoperative-radiation-2-2/

(2) With CP, my body is in nonstop low-level motion due to continuous muscle contractions.
It's another Exciting Spring!

A panel of eighteen members of our Research Advisory Board, including nine scientists and nine survivor-advocates, are preparing to evaluate and score new research proposals submitted by experts from Western and Central New York institutions.

Scientific reviewers sitting on the Research Advisory Board are practicing scientists and/or professors with Ph.D. degrees covering a wide range of fields, including molecular genetics, immunology, and biochemistry. Some are physicians specializing in breast pathology, oncology, and women’s cancers. Their expertise and perspective are essential when making funding decisions.

The other crucial component of the Review Panel is the survivor-advocates: people with a personal history of breast cancer. Many of them have experienced physical and psychosocial consequences of cancer, from minor, to severe, and sometimes permanent effects. Survivor-advocates may not have a scientific background, but they can evaluate a research project from a more personal point of view.

Scientists and survivor-advocates on the Coalition’s Review Panel have an equal voice when evaluating and scoring proposals, and when making funding decisions.

This year’s proposals came from Binghamton University, Cornell University, Roswell Park Cancer Institute, and Upstate Medical University. Applicants for our pre-doctoral trainee grants are primarily students in their fourth year of their doctoral candidacies. Post-doctoral trainee/fellowship applicants hold a doctoral degree, such as a PhD, MD, DVM, or equivalent degree. Their work is about innovation, discovery, and applying their findings in the real world. All our applicants should be recognized for their hard work, scientific rigor, and contributions to breast cancer research.

The priorities of the Coalition’s Breast Cancer Research Initiative are to address primary prevention of the disease (a goal separate from screening for cancer that’s already present in the breast); cure of breast cancer; and preventing and/or halting the metastatic process whereby the disease spreads to distant sites in the body beyond the breast.

The 2023 application process was similar to previous years; proposals were uploaded into a secure online folder. Applicants also submitted paper copies, which were distributed to members of the review panel, who were each assigned a specific proposal. Our reviewers can read their assigned proposals electronically, work with paper copies if they prefer, or both. This system worked well last year.

At the culmination of Research Review Day, our review panelists will vote to select the proposals they feel should receive funding from the Coalition in 2023. The final decision will be made by our Board of Directors based on these recommendations.

Each year, I look forward to Review Day. I am grateful that the Coalition has an expert and dedicated group of people who make it possible for scientists in our region to continue working on their fascinating and exciting discoveries.

Our Research Committee is open to those who wish to join a dynamic group of informed survivor-advocates working to end breast cancer. Please email info@bccr.org for more information.
Anne Wells

By Andrea R.

Two words that come to me to describe Anne Wells are wise and warm. When I joined the Common Ground group, Anne was several years out from her diagnosis, and I looked up to her very much. She never used tropes or platitudes (unless she was making fun of them!); she listened and shared with honesty, compassion, and wisdom. Somehow, she understood the unsaid and had just the right words to address it. When I was struggling, she heard the deeper issue I couldn’t verbalize and responded in a way that felt like a bullseye. I always felt relief and comfort when I walked into Common Ground and Anne was there. She was like a security blanket. I knew my heart was safe around her.

Anne wasn’t just an example of how to cope and live with metastatic breast cancer (MBC), she was a steady guide. She gracefully lived on the edge where fear and gratitude meet, expertly walking that tightrope. She was as funny as she was poignant, and her humor wasn’t a mask or an escape. She gently lightened the room by poking fun at herself or the absurdity of life with MBC in general.

I visited Anne the week before she died, and shared (not for the first time) how much she heard and spoke to me on levels no one else could, my life is better because of her guidance, and of course that I loved her.

Anne is still here in my heart, and always will be.
New Beginnings

By Pat Battaglia

Since 2006, the Peer Advocates Lending Support (PALS) program has paired a multitude of individuals who have expressed the desire for peer support with a carefully trained and selected mentor. I have been involved with this program from its earliest days; first as the Chair of the Education Committee, which planned the program, then by joining the staff as the PALS Coordinator in late 2009. It has been one of the greatest honors of my life to witness PALS grow in its reach and scope, and to interact regularly with our incomparable peer mentors and the individuals they have supported through the years – many of whom have moved into mentoring themselves.

I am now passing the reins of the PALS program on to the capable and compassionate hands of my colleague, Ali Dennison. Ali is deeply connected with the Coalition survivor community – newcomers and old friends alike – and is part of the team that meets regularly to discuss PALS connections for individuals who wish for a peer connection. Her knowledge of our survivor community, her compassion, her kindness, and her calm, gentle presence – among her many other fine qualities – make her ideally suited to this new role.

PALS has always been a collaborative effort among our support staff, which includes our Director and Associate Director, Holly Anderson and Christina Thompson, as well as Ali and me. My former title of Associate Program Director now belongs to Ali, while I have assumed the role of Associate Communications Director. I continue as our Newsletter Editor, am still an active presence in our support community, and, of course, I remain deeply committed to the Coalition’s mission.

It has been one of the greatest experiences of my life to work with the people I have encountered through PALS. Countless times, I have witnessed the many forms that kindness, support, and human connection can take when mentors and mentees interact. They are sources of authentic wisdom for one another and I have been a grateful bystander. I have grown in many ways as a result of my involvement with this program; an unintended but fortunate (for me) consequence of being so frequently in touch with members of our incredible survivor community. I am still an active part of this community. That will not change.

Congratulations, Ali! Our PALS mentors and mentees are lucky to have you!

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Colleen Quinn Molina

By Pat Battaglia

At just thirty-three years of age, Colleen Quinn Molina heard the fateful words, “You have breast cancer.” A busy mother of a toddler and thirty-three weeks pregnant with her second child, her diagnosis rocked her world. She quickly contacted the Coalition and immersed herself in our empowering survivor community – which included connecting with a Peer Advocates Lending Support (PALS) mentor who had also faced breast cancer during her pregnancy. Colleen knew she had found the right place for herself, rose to meet her challenges, and gave birth to a healthy baby.

After her treatment was finished, Colleen balanced her busy work schedule and parenting responsibilities with giving back to the community that helped see her through. She became a PALS mentor herself, offering her supportive listening ear and hard-won wisdom to other young survivors along the way. She joined our dynamic Advocacy Committee and signed up with the first group of young survivors to participate in our Emerging Leaders program. Paired with a mentor who is a long-standing member of the Advocacy Committee, Colleen has grown as a survivor-advocate. She and other Emerging Leaders traveled to Washington, DC in the spring of 2023 to attend the Advocate Leadership Summit offered annually by NBCC*. In addition to learning the latest updates in research focused on ending breast cancer, Colleen and our other Leaders spoke with our elected representatives on Capitol Hill, sharing their stories and asking them to support key legislation in the drive to eradicate the disease.

Whether she’s speaking with the media, advocating for others, keeping her knowledge of the issues surrounding breast cancer current and relevant, or supporting our fundraisers – and in so many other ways – Colleen’s sunny demeanor and ability to take on new challenges with aplomb make her an engaging, effective, and endearing advocate – and a truly helpful presence in our community.

*The Breast Cancer Coalition is an independent, local organization unaffiliated with any national group, including the National Breast Cancer Coalition. Many of our goals are the same; thus, we support NBCC’s public policy agenda.
Ahh, spring! It’s time to open our windows and allow fresh air to once again circulate in our homes; time to clean the dusty corners and cobwebs that tend to accumulate during the cold winter months.

What you use to clean your surroundings makes a difference. Commercially available cleaning products often contain volatile and semi-volatile chemicals that can contribute to indoor air pollution. To add to the confusion, very few cleaning product labels include a complete list of ingredients. Labels may contain such terms as “natural,” “non-toxic,” “earth friendly,” or “hypoallergenic.” However, these terms have no official definition and can sometimes be used to greenwash a product. They do not guarantee a product is safe to use.

Children and pets are even more vulnerable to the effects of potentially toxic chemicals due to their smaller body size. Other populations, such as Black, Indigenous, and other communities of color, are also disproportionately affected by chemical exposures from many sources, including cleaning products that are marketed to them.

Fortunately, there are useful resources and tools available to help ensure our home environments are clean and healthy through cleaning methods that are safe – and they work. Groups familiar to us at the Coalition that offer useful consumer information include the Environmental Working Group or EWG (ewg.org), Breast Cancer Prevention Partners or BCPP (bcpp.org), and the Silent Spring Institute (silentspring.org). These three organizations, among others, offer online databases and useful apps to help guide consumers in making wiser, safer choices, including cleaning products. They also offer lists of cleaning tips to help achieve a fresh, healthy home. Page 23 offers a distillation of these tips, drawn from all three sources.

Cleaning is a fact of life. Enjoying it is optional. But you can take satisfaction in knowing that when you’re finished, your efforts have been worth it, and your home environment is truly clean and safe.

HOMEMADE ALL-PURPOSE CLEANER
(Two Versions)

Try these safe, simple, and effective cleaning alternatives from Breast Cancer Prevention Partners

Castile Soap Cleaner:
- 2 cups distilled water
- 2 tablespoons liquid castile soap
- Juice of 1 lemon (optional)

Vinegar Cleaner:
- 1 cup distilled water
- 1 cup distilled white vinegar
- Juice of 1 lemon (optional)

Choose your mixture, add the ingredients to an empty spray bottle, and shake gently to combine. Spray the surface to be cleaned then wipe with a clean cloth.

Source: www.bcpp.org
### Cleaning Tips

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<td><strong>Use simple cleaning ingredients</strong> such as plain water, baking soda, distilled white vinegar, or castile soap whenever possible.</td>
<td><strong>Choose fragrance free products.</strong> A single fragrance is actually a cocktail of ingredients that can include potentially harmful ingredients.</td>
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<td><strong>Read cleaning product labels carefully,</strong> including all warnings and directions. Avoid products with “Poison,” “Danger,” “Caution,” or “Warning” on the label.</td>
<td><strong>Open your windows</strong> while cleaning, if possible. Ventilation is important.</td>
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<td><strong>Take your shoes off at the door.</strong> Outdoor dirt can contain pollutants; leave the outside, outside.</td>
<td><strong>Exchange old furniture that contains flame retardants.</strong> These “forever chemicals” are linked to a number of health concerns.</td>
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<td><strong>Instead of using in-wash fabric softeners or dryer sheets, which can contain many chemicals of concern,</strong> try <strong>adding a half-cup of vinegar to the rinse cycle and/or use wool dryer balls.</strong></td>
<td><strong>Damp cleaning cloths and mops</strong> can remove dust and dirt without harmful chemicals. Vacuum cleaners with a <strong>HEPA filter</strong> are best for floors and carpets.</td>
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<td>For a list of disinfectants recommended by the Environmental Protection Agency to combat COVID and other illnesses, check the <strong>EPA Safer Choice Guide for certified disinfectants:</strong> <a href="http://www.epa.gov/pesticide-labels/dfe-certified-disinfectants">www.epa.gov/pesticide-labels/dfe-certified-disinfectants</a>. You might also cross-reference those products with another source such as the EWG or BCPP.</td>
<td>For those in treatment for cancer, cleaning can be an overwhelming burden. Rely on your team of caregivers and supporters; <strong>ask for their help.</strong> Or connect with <strong>Cleaning for a Reason</strong>, a national organization that offers free professional housecleaning services to those in cancer treatment: <a href="http://www.cleaningforareason.org">www.cleaningforareason.org</a>. Let your cleaning service know of your preference for non-toxics in your home; it can make a difference.</td>
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Thank You Friends

Each year the Coalition benefits from hundreds of individuals participating in multiple fundraising events created for us by people like you. Your donation will help us continue to provide our programs and services free of charge! Contact us today at info@bccr.org or (585) 473-8177 for more information.

DOUG PHELPS, FUNDRAISER EXTRAORDINAIRE

Doug Phelps knows how to raise funds and have fun in the process. Due to his commitment, enthusiasm, event prowess, and overall zest for life, over the last 12 years, he has raised an astounding $143,000 for the Coalition. We can’t thank Doug enough for his support. This September, his annual golf tournament offered 150 golfers a day of fun, food, and prizes. He stepped in at the last minute four days later to emcee our ACTober gala. Then, on October 22, at his Strike Out Breast Cancer annual bowling tournament, dozens of bowlers enjoyed the fun, camaraderie, pizza, raffles, and prize drawings. Combined, these two fundraisers raised an impressive $27,700! Thanks, Doug – you rock!

REMEmBERING PAM

To celebrate the life of Pam Polashenski, MD, her close friends Jeannie Gainsburg, Gordon Simpson, Liz Olson, and Megan Moody organized an event that took place at Fairport Brewing Company on December 9, 2022. With Pam’s family and close friends, including many from the Coalition survivor community, it was an evening to share memories of one who will never be forgotten. The team of four friends formed a fundraising committee for the event, and through the sale of t-shirts printed with Pam’s signature tattoo, along with proceeds from the sale of beverages on the night of the event, they raised an impressive $2862 for the Coalition! Pam is unforgettable; we all appreciated this opportunity to honor her.

THANK YOU PAM-A-PALOOZA!

Pamela Polashenski, MD, was a compassionate physician and a good friend to many, including all of us at the Coalition. She was also an active member of the volleyball community that plays regularly at Hot Shots, just a few paces from our door. To acknowledge the anniversary of Pam’s death from metastatic breast cancer, her family organized a volleyball tournament to benefit the Coalition. With a bevy of players, a 50/50 raffle, and awesome auction items, they raised an incredible $6,390! Pam is unforgettable. Pam-a-Palooza was a fitting way to honor our friend. Thank you to all who participated or contributed in any way. Pam would be proud!

MONROE COUNTY FIRE HOCKEY - YOU'RE AMAZING!

Wow - for almost a decade Monroe County Fire Hockey and Michael Stoerger have hosted a hockey game with proceeds benefiting the Coalition. This year Firehouse Subs in Henrietta joined the fun as a sponsor. Thank you for another amazing year! Not only was the Hockey game great fun for players and attendees, but they more than doubled the amount raised last year for a total of $10,000! These funds benefit all those who the Coalition serves. Thank you! Thank you! Thank you!
REGULAR MAINTENANCE, EXCEPTIONAL CARE

Each October for several years, our friends at Schoen Auto have supported the Coalition through their “Regular Maintenance, Exceptional Care” promotion. Schoen donates 10% of regular maintenance revenue for the month and promotes the exceptional care the Coalition provides. This year the team raised over $1,575! Thanks to Ben and the entire Schoen team for your continued support.

GENESEE & WYOMING RAILROAD

Throughout the month of October, the Genesee & Wyoming Railroad held a breast cancer awareness fundraiser. They raised $1,550, which included a company match of $730. Thank you G&W Railroad!

STRIKE OUT CANCER

The Webster Athletic Association’s girl’s softball team raised $2,452 for the Coalition during their annual tournament in October. They collected items for several gift baskets that they raffled throughout the tournament, helping to strike out cancer—definitely an all-star effort. THANKS, WAA.

TRADITION AUTOMOTIVE GROUP

Thanks to Dario Hodge, owner; Rodney Bundschuh, Bud Hutt, and Chris Schwalback, general managers for the Chevy and Ford dealerships in Geneva and Newark for their fundraising efforts during the month of October. This driven team donated $1,550 to the coalition and took the time to deliver a check in person.

CAPTURING COURAGE

The Breast Cancer Confidence Project, founded by Michaela Raes hosted a photo shoot for breast cancer survivors to help participants feel empowered and beautiful. Thanks to Star Cider, the largest supporter of the event, for their $1,855 donation, and the second largest donor, Belhurst Castle, and others for contributing $825, providing the Coalition with a total donation of $2,680! A big THANKS to Michaela and all that supported this wonderful event.

NEW SKILLS

Dr. Karen McCarthy’s Capstone class at Vertus High School decided to present the Coalition with a Christmas tree decorated with student-made origami creations. But they had no experience with origami – so the learning began. The ornaments look professionally made to us! In addition to the tree, the group donated $100 to the Coalition. Thanks to Dr. McCarthy, Jael Duran, Frederick Carey, Alex Rodgers (pictured), and London Little (not pictured) for brightening our office with your presence and this tree.

BreastCancerCoalition.org

PINK THE RINK = HOCKEY LOVE!

The Pittsford Panthers JV and Varsity Hockey Teams hosted the 13th Annual PINK THE RINK on January 7, 2023, at Bill Gray’s Regional Iceplex. A Pittsford School District tradition since 2010, this hardworking collaboration of parents and student athletes not only challenged the Fairport Red Raiders to an exciting game, they held raffles, a Chuck-a-Puck contest, and sold merchandise to benefit the Coalition. Organized by Renee McMahon, the event raised a record $13,540 to support our mission – and an incredible total of over $90,000 through the years! Thank you, Pittsford Panthers! Your hard work means the world to us, and to the community we serve!
Spencerport High School’s Section V Girls Swim Team hosted their 7th annual Pink In The Pool swim meet to raise awareness of women’s health issues while raising funds for the Coalition. Cards with the Coalition logo that said “in memory of” or “in honor of” were sold then hung in the hallways of the school. We are truly grateful for the support of these dedicated young women, and for the $1,800 they raised.

CHARTER COMMUNICATIONS
To recognize Breast Cancer Awareness

ROCHESTER LADY LIONS
To honor the Breast Cancer Awareness month (October 2022), the Rochester Lady Lions fastpitch softball team once again held a tournament featuring dozens of raffle baskets and Coalition materials. Not only did they give attendees a great show, the raised an amazing $2,452 for us!

AT YOUR SERVICE
Employees at the Marriott Courtyard on East Avenue came together to raise funds for the Coalition and stopped by with a $354 donation. Neighbors helping neighbors. We appreciate you!

Lives Celebrated, Part II*
A collaborative poem by Voices and Vision participants: Gunhilde Buchsbaum, Elizabeth Carr, Jennie Chmielewski, Jacquie Davis, Katrina Gaspar, and Amy Temple

You are the bright white stars that dot the dark sky above. You are the beautiful fragrant flowers that brighten up the earth. (Jennie)

You are the strongest women I know. You are the robins who rebuild the nest that falls in a heavy windstorm. You are the young deer who visit my garden to feast on the hostas, hungry and determined, quiet and persistent. (Jacquie)

You Are the Reason I share my uncomfortable Truths. (Katrina)

You are me, and I am you. I look in the mirror and see you. Strange that you look like the egg-man while I am a walrus. What do you see when you look in the mirror? (Gunhilde)

You are more precious and beautiful than you know. You are more lovely inside than out. You are a breath of fresh air

You are ready to twirl thru the woods and hills, ready to go! You are a treasure to me; a person I want to sit with and get to know. You are a woman who is the cornerstone of our society and a great contributor by just being you. (Elizabeth)

We are fierce, We are ready to fight! We are healthy beyond measure, We are going to beat this and thrive onward! (Elizabeth)

We are driving change by sharing lessons learned to empower the next generation to dodge cancer. We are women seeking a gentler way to live with cancer using holistic practices. We are women who stand against the driving forces of pharmaceutical protocol and profit. (Elizabeth)

We are strong mothers and sisters to each other. We are empathetic and caring, respectful and supportive. We are optimists and realists and lovers of life. (Jacquie)

WE are the souls that NEED to Speak LIFE to our Hearts & Bodies in order To Be WELL (Katrina)

We are the champions We are women of all ages, of all races, of all faiths Some call us survivors Others call us warriors Yes, we are struggling at times Some of us wear battle scars inside and out They define us As little as the labels stamped on us (Gunhilde)

Together, we will once again bring light and love back into the world. Together, we will once again bring strength and happiness back into the world. (Jennie)

*Part I of this poem appears in our Winter 2023 issue.
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. Every effort has been made to ensure the accuracy of this list. We apologize for any errors. Please join us in thanking the following individuals, companies, and organizations for their contributions between October 1, 2022 - December 31, 2022.

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♥ 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 are 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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- Breast Cancer stamps!
- Burt’s Bees Lip Balm
  (sealed, no mint)
- Coloring books
  (pocket or travel size preferred)
- Computer paper, white, 20 lb.
- Joann Fabrics gift cards
- Lotion: Aveeno
- Post-it Notes - square, 2" x 2" or 3" x 3"
- Sleeping masks, lavender or unscented
- Gin Gins
- Tea (small boxes of 20)
- Tissues - pocket pack size

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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 or 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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E-Mail: info@BreastCancerCoalition.org
Online at www.BreastCancerCoalition.org

To keep up to date on all BCCR happenings, follow us on social media:

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.

JOIN US IN THE FIGHT AGAINST BREAST AND GYN CANCER!

Pink & Teal Challenge
Saturday, May 13, 2023
Genesee Valley Park

See page 17 for more info. or check out the website!

If you prefer to receive Voices of the Ribbon via email please let us know.

TEED OFF AT BREAST CANCER GOLF TOURNAMENT

Save the Date!
July 31, 2023
Midvale Country Club