

Breast Cancer Coalition

VOICES RIBBON

Summer 2021 • Volume 22, Number 3

Serving those with breast and gynecologic cancers

Young Survivors of Breast Cancer: Stories of Survival and Hope



Combining Patient
Care & Research
Advocacy in Action

NEW: Gynecologic
Cancer Seminar
Parent Networking Group

FROM THE DESK OF THE EXECUTIVE DIRECTOR

As we approach some beautiful weather in Upstate New York, our staff at the Breast Cancer Coalition continue to address the challenges created by COVID-19 and the disruption this has brought to our breast and gynecologic cancer communities. Though summer is officially underway, we are monitoring the updates provided by the Centers for Disease Control (CDC) and the New York State Department of Health. For now, we will continue to offer most programs and services through virtual platforms. This seems to be the best and safest solution for the many survivors undergoing cancer treatment. Those with suppressed immune systems due to cancer treatment are grateful for these precautions while those well beyond treatment seem supportive and happy to accommodate their immunosuppressed sisters and brothers. But we miss your faces. And we know you miss ours, as well as the faces of our wonderful, skillful program facilitators **and each other**. For now, we continue as we have been – virtually – with the understanding that this could change at any time. To that end, watch for “pop-ups,” weather-permitting, where and when we can safely gather. We generally notify our survivor community of updates via email and/or social media. Are you connected?

What else are we up to? As summer moves full speed ahead, we are already thinking about September, Gynecologic Cancer Awareness

Month, and October, Breast Cancer Awareness Month. *Awareness Months*. We often wonder if there is anyone left on earth who is truly not aware. Most people know *someone* living in the aftermath of a breast or gynecologic cancer diagnosis.

The National Cancer Institute estimates that more than 113,500 will be diagnosed with a gynecologic cancer and more than 33,000 will lose their lives in 2021. Gynecologic Cancer Awareness Month provides an opportunity to illuminate the signs and symptoms of any of several diseases that comprise gynecologic cancer: ovarian, uterine/endometrial, cervical, fallopian tube, vulvar, and primary peritoneal.

The estimates for breast cancer are even higher. In 2021, more than 281,500 women will be diagnosed with invasive breast cancer and nearly 50,000 additional women will be diagnosed with ductal carcinoma in situ (DCIS). About 43,600 women will die from breast cancer this year.

So, Awareness Months? We’re aware. VERY aware.

But the Breast Cancer Coalition has always been about *more than awareness*. The Breast Cancer Coalition is about ACTION. Action through Support. Action through Education. Action through Advocacy. Action through Research. So much so that we are officially addressing October as ACTober this year, and each year going forward. Watch for



Holly Anderson

ACTober: Because awareness has never been enough.

This September, we will present our first half-day seminar focusing on gynecologic cancer for those with all stages of these diseases and those who support them. Watch for news about *Gynecologic Cancer: Pathways to Education, Connection, and Survivorship*. This seminar will take place on Wednesday, September 15 from 1:00 – 5:00 PM. Virtually.

And this October, watch for the return of the 18th Annual Advanced Breast Cancer: Tools for the Journey, another half-day seminar, on Wednesday, October 13 from 1:00 – 5:00 pm, also virtually.

Take ACTION with us this year. Become informed. Become empowered. Become connected.

Take ACTION with us this year • Become informed • Become empowered • Become connected.

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A PERSONAL JOURNEY: SANDRA V.

By Pat Battaglia

Facing Breast Cancer During COVID: SURVIVORSHIP²

It was March of 2020. The COVID shutdown had just begun when Sandra went for her annual screening mammogram. Nothing seemed amiss; there was no discernable lump. However, during the procedure, Sandra began to sense some concern on the part of the technician. “I thought, ‘Okay, something’s different this time,’” she remembers. Her instincts proved correct. Additional imaging was ordered, and areas of concern were identified then biopsied. She returned home to await the phone call with the results.

As the next day wore on, Sandra’s misgivings grew. “I sensed this was not going to be good,” she shares. “As it turned out, I got the call at about 4:30 in the afternoon saying my biopsy came back indicating I did have cancer. It felt like the earth stood still at that moment. Things had just begun shutting down due to COVID. It was like everything, literally, was at a standstill.”

“Oddly enough, because everything was shutting down, it eliminated my ability to really sink into the cancer diagnosis. COVID didn’t let me think or dwell on, ‘Oh my goodness, how could this have happened?’ I had to immediately force myself into the thought that this is real and I want to be treated for it. What do I do? My next thought was, ‘This is an awful time to be diagnosed,’ then I chuckled at this thought. I asked myself, ‘When is a good time? What other time would I have picked?’” Those thoughts got me through those first hours.”

During that fateful phone call, Sandra’s diagnostic radiologist offered some sage advice: “As you move forward, make sure you tell the doctors what you need.”

“Never a truer statement was made,” Sandra says. At this point, she reached out to her primary care physician and gynecologist for their recommendations of health care providers. One suggestion her gynecologist offered was to call the Breast Cancer Coalition. Sandra made that call.



Our doors had recently been closed to visitors due to the emerging pandemic, but that didn’t stop us from offering her the best of our support. A remote BC101 session was quickly scheduled and a PALS Pak was dropped off at Sandra’s door late on a Friday afternoon.

With her mind on upcoming medical consultations and decisions the following week, Sandra didn’t examine the contents of her Pak at first. It was more than enough for her to remove its contents and place them on her dining room table. She viewed the display with gratitude. “It helped me get through that weekend without pacing around.”

Despite the uncertainties she faced, Sandra knew she was never alone. “My husband Ronald and I have been married all our adult lives. Any important decisions I’ve made, he’s been right there.” Their two grown daughters have also walked alongside their mother. “Our daughters know me well enough that I will tell them what I need and that I will decide what’s best. And the same is true with the rest of my family and friends.” Time was of the essence, Sandra felt, and her uncertainty about how COVID would affect the timing of her treatment prompted her to ask for one thing from her family and friends that it was important to her: prayer. “My biggest fear was, now that I know I have this, what if they can’t start my treatment?” She and her family and friends prayed collectively that treatment would begin as soon as possible, and that it would be effective

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YOUNG SURVIVORS OF BREAST CANCER

Stories of Empowerment & Hope

By Pat Battaglia

Young survivors of breast cancer are making their voices heard. They are a vibrant, vocal part of our survivor community at the Coalition. Some have been diagnosed while pursuing educational or career goals, while others have had their family plans interrupted. Still others are raising young children. All face challenges unique to their phase of life. Although young survivors are a diverse group, their concerns overlap and their mutual caring, support, and respect draw many of them into a cohesive support community.

Breast cancer is less common in younger people. Those between the ages of twenty and thirty-four represent less than two percent of diagnoses of female breast cancer, while less than nine percent of cases occur between the ages of thirty-five and forty-four. However, with 281,556 new diagnoses of breast cancer estimated to occur in 2021*, these percentages of young survivors represent a significant numbers of individuals whose lives have been forever changes after hearing the words, "You have breast cancer."

The voices of young survivors deserve to be heard; their stories speak of the complexity and courage of the members of this community.

• seer.cancer.gov/statfacts/html/breast.html

MICHELE C. A Young Mom Faces Breast Cancer



In December of 2020, Michele was diagnosed with breast cancer at the age of 41. She completed chemotherapy in May of 2021 and her surgery, as of this writing, is pending in June. This will be followed by a course of radiation therapy. Currently in the midst of her walk with breast cancer, Michelle is also Mom to an eight-year-old daughter and four year-old twin sons.

Sharing this news with her young ones required a careful, considered, compassionate approach. "My daughter is eight and was able to understand more and ask questions; my twin boys are four so we kept things simple for them," she shares. "They didn't really understand cancer and what that meant, but they knew that the medicine I was getting made me sick. The most obvious sign was

the loss of my hair, but I was surprised how little they seemed to care about that (unlike myself!). My twins still ask if my hair grew back when I put my wig on sometimes. Overall, I think keeping communication open about what was happening was the best decision for our family."

"We are so lucky to have amazing family and friends who offered tons of help and support. Our family was always able to help with the kids, especially when my appointments coincided with the school bus or an activity. Going through treatment during a pandemic certainly had additional challenges. Finding a quiet, private place to have a virtual meeting in a house full of kids is really stressful! Reaching out to the Coalition and being connected with other young, local survivors was one of the best decisions that I made for support."

"A cancer diagnosis seems unfair to anyone, especially when you have a young family. If I am being honest, I've had moments when I think of all I could potentially miss in their future. But, most days they remind me that we can choose to be full of life, energy, fun, and laughter if we want. They are my motivation to get out of bed and keep going, even on the bad days. I am grateful to have their unconditional love and support, and I can only hope that this life experience will make them more empathetic as they grow, because everyone has a story. And don't be afraid to ask for help, now is the time!"

“A cancer diagnosis seems unfair to anyone, especially when you have a young family. ... But, most days they remind me that we can choose to be full of life, energy, fun, and laughter if we want...”

JENNIFER G.
Facing Breast Cancer
While Pregnant



Our former Program Director, Jennifer, was 37 years old in 2003 when she was diagnosed with breast cancer. Her course of treatment was a bilateral mastectomy with autologous reconstruction; in Jennifer's case this involved the transfer of tissue from her abdominal area to form a new

breast mound. Surgery was followed by chemotherapy. However, during her pre-chemo evaluation, she and her doctors were surprised to learn that Jennifer was pregnant.

Jennifer recalls, "The toughest part for me was finding out I was pregnant just weeks after the reconstruction. None of my doctors had ever heard of this occurring and could not advise me with any certainty how my healing from the surgery with an expanding belly would go."

After delaying the start of chemo until the second trimester to ensure the safety of her baby, Jennifer began her treatment. Despite the rigors of chemotherapy, she was in good spirits. "Honestly, being pregnant in this situation was a gift!" she exclaims. "How many breast cancer

“Breathe! ... Whatever you decide to do, make sure you take the time you need to make a decision based on facts and science rather than fear.”

survivors get a baby at the end of their treatment?"

Jennifer's youngest child, Sam, was born healthy and strong. He and his four older siblings have kept their parents busy through the years, and life is good for this family. Says Jennifer, "I am an eighteen-year year survivor with a wonderful, smart and very funny seventeen- year-old. I can't imagine a life without him."

For others who may find themselves in a similar situation, Jennifer says. "Breathe! Many - too many - have come before you. Whatever you decide to do, make sure you take the time you need to make a decision based on facts and science rather than fear."

LORI G.
Having Children After
Breast Cancer



Fifteen years ago, Lori was thirty-one years old and the new mother of an infant when she was diagnosed with estrogen receptor negative breast cancer. In addition to facing surgery, chemotherapy, radiation, and

a full year of a targeted drug called Herceptin (which is useful in certain sub-types of the disease), Lori's future family plans seemed uncertain. "I was obviously very scared and nervous that I wouldn't have more children. I had expressed concerns about not being done with my family, but it just wasn't a priority at the time. It really wasn't discussed much."

Two years after the completion of all her treatments, Lori was given the okay from her oncologist to try for a pregnancy. She went on to have two more children, although her path forward wasn't straightforward. "I did not have any issues with the pregnancies or deliveries but it took a while to get pregnant. I actually went on the birth control pill for two months to help suppress my FSH levels, and a month

after stopping that I got pregnant! I did this for my second child and then again for my third."

Life is good now for Lori and her brood. "We are all happy, healthy, and very, very busy!" She offers words of encouragement for others whose family plans may be affected by a breast cancer diagnosis: "Talk

“Talk to survivors that have gone through this to listen to good success stories. I would also say to hang in there and try not to get too discouraged. It may take a while to get pregnant but it is possible.”

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A Personal Story: Lori M.

From Reluctance to *hope*



True confession: I actually used to like going for my mammograms. I would take an afternoon off of work, meet my husband for lunch, then spend the rest of the afternoon in a cozy room with a fireplace and warm shawls. I would read the magazines and look at the pretty earrings. My kids were young and our life was busy. I didn't mind a few minutes of discomfort for a whole afternoon to myself. Until...THAT time. When the technician called me from the doorway, instead of taking me to a conference room to say everything was fine, I heard very different news. Thus began my initiation into the club you don't want to join.

The first phone call I made after my initial breast cancer diagnosis in November of 2004 at age 42 was to Holly Anderson. Thankfully, my husband knew her from his previous volunteer efforts with the Coalition. Holly immediately had us come in for a super-informative Breast Cancer 101 session. She helped us understand the new and unfamiliar vocabulary of breast cancer so we could navigate the scary decisions that needed to be made. I loved her on sight.

Telling my children, ages 9, 12, and 13, was hard. But we explained the situation calmly and with a great deal of hope. They had a wonderful role model in a favorite teacher who taught throughout her treatment and was an example of courage, hope, and a positive attitude. (Love you Susan R.) They became my little champions and chief supporters. A lumpectomy, radiation, chemotherapy, hair loss, and Tamoxifen followed. I was supported and comforted all along the way by the Coalition, which became a comfortable, familiar, welcoming, and friendly second home. I met some of my all-time favorite people there. I cannot mention them all for fear of inadvertently

forgetting someone, but one, Phyllis C. (the "Queen Mum") became a beloved figure for my own family, especially for my daughter.

I was able to participate in many Coalition programs and volunteered for fundraising events and outreach opportunities: yoga, Qi Gong, the Pink Ribbon Walk and Run, the Artrageous Affair, MANY evening seminars, working the booths at festivals, PALS mentoring, and so much more. Friends and family came out in droves to support me, my doctors were AMAZING, and I started feeling well again. Yes, it was the club I never wanted to join, but I was grateful for the love and support. I thought I had learned all I needed to know with my first diagnosis. I would see information about the Common Ground group for those living with metastatic breast or gynecologic cancer and say a quick prayer for them, grateful that was not my club.

Fast forward to 2019. Sudden, unexplained, and excruciating pain in my shoulder, arm, and chest began to plague me. I never knew when it would hit and no one could figure out what was causing it. So began a round of Emergency Room visits, appointments with my primary care doctor, neurologists, hematologists, pain management, orthopedics, chiropractors, acupuncture, and massage. I was diagnosed with a blood clot, torn rotator cuff, carpal tunnel syndrome, and arthritis. But nothing explained the pain, which was increasing. So were the pain medications. I was truly broken, depressed, anxious, and weak. Two angels in the form of doctors led me to my diagnosis. My hematologist encouraged me to re-engage with my oncology team and my neuro surgeon, after examining me, looked me in the eyes without talking

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Common Ground *Partners*

A GROUP FOR PARTNERS AND SPOUSES OF THOSE LIVING WITH METASTATIC BREAST CANCER OR PROGRESSIVE GYNECOLOGIC DISEASE.

By Theo Munson, Group Facilitator

Once a month, partners and spouses join in a conversation of support and information as they care for and about their loved ones on an intense cancer journey. Being a caregiver is complicated and is too often an unrecognized and unappreciated job – even a lonely one. Our participants validate the simple need to have people to talk to who understand what they are going through.

Some have expressed the sensation of life lived in an aquarium – looking out on a world going about its business seemingly without a thought to other peoples' struggles. They have developed increased compassion for others in similar circumstances.

COVID concerns have exacerbated feelings of isolation and uncertainty for many. During the pandemic, our sessions have continued virtually. At these monthly networking meetings, practical ideas are exchanged. We discuss how cancer has invaded the family and navigate issues such as: how much to be involved in treatment decisions, understanding side effects and their partner's needs, as well as managing practical household tasks that continue to require attention. All this is woven with good humor. The many challenges and rewards of daily life – work, play, family relationships, friendships, vacations, and travel decisions – are also shared.

Facilitators are Theo Munson (who also facilitates the weekly Common Ground group for those living with metastatic disease) and Stephen Munson, retired psychiatrist. Theo treasures words from Steve – her main supporter when she had breast cancer in 2008: "Nothing is too small to talk about... or too big," – a good mantra for these meetings.

"Being part of this group is not something that I would wish on anyone, given what the entry requirements are. However, the opportunity to share the experience, offer support, and receive the same from a group that understands is truly meaningful to me. I like that the discussions are about living and dealing with the disease on a daily basis, and the ability to see the joy where it shines."

~ Bob W.

THE 18TH ANNUAL CINDY L. DERTINGER

ADVANCED BREAST CANCER SEMINAR

Tools for the Journey

LIVING WITH METASTATIC BREAST CANCER

WEDNESDAY, OCTOBER 13, 2021 • 1:00 - 4:30 PM

Held virtually, via Zoom. Register today:

www.BreastCancerCoalition.org/advanced-breast-cancer-seminar/

An Interview With Rachael Turner MD, PhD

COMBINING PATIENT CARE & *Research*

By Pat Battaglia

*An assistant professor of Medicine and Obstetrics and Gynecology at the University of Rochester, Western New York native **Rachael Turner, MD., PhD.**, focuses on treating people with gynecologic cancer, as well as on research. Whether engaged in patient care or participating in clinical trials, Dr. Turner works to make a difference for those affected by gynecologic malignancies. It is our honor to include her perspective in our newsletter.*



Q **PB: What is your role in the care of people with gynecologic cancer and why is it important for these people to have a gynecologic oncologist?**

RT: I am a medical oncologist who specializes in gynecologic oncology. Within our group, the rest of my colleagues are gynecologic oncologists, who also treat cancer surgically; I am the only medical oncologist in the group. It is important to note that medical oncologists often don't get a lot of training in gynecologic oncology unless they specifically seek it out. Overall, it is a very unique oncology sub-specialty where we do often see better chemotherapy response rates than in other solid cancer types. Good surgical outcomes have been tied to seeing a gynecologic oncologist who does a high volume of these surgeries. So, definitely, having an experienced gynecologic oncologist can help improve outcomes for women, and can even help improve survival.

Q **PB: We know that gynecologic cancers represent a wide range of diseases, and a wide range of individuals are affected by these diseases. Are there concerns common to your patients, whatever their diagnosis, that they bring to their consultations with you?**

RT: Surgeries often involve removing the ovaries and uterus. Coming along with that for younger women is loss of fertility and hot flashes. And for women who are beyond menopause, sexual dysfunction and urinary incontinence are still concerns. That's definitely unique to our specialty.

Q **PB: How do you assist your patients in addressing those concerns?**

RT: We recommend to women who haven't had children or want to have more children, and who need surgery that could impact their fertility, to meet with a reproductive endocrinology and fertility specialist. At our group here at Strong, we have a sexual health expert. Her name is Dr. Kranz. She's been amazing for our group. Overall, physicians may not be as well-educated as we should be on sexual health. It's such an important part of lives and relationships. Dr. Kranz is family medicine trained but she sought out additional training and certification to appropriately respond to people's sexual health concerns. She's been a real asset to our group.

There are strategies for improving sexual dysfunction and symptoms after undergoing surgery and treatment for cancer. There are antidepressants that can help with hot flash symptoms, dilators and vaginal creams to help with pain during intercourse – things along those lines.

Q **PB: That's an important concern, and one that's sometimes mentioned by survivors in our community. Sexual concerns can affect women with breast cancer as well as those with gynecologic cancers, although in the latter scenario, with malignancies and surgeries directly involving the reproductive organs, it's a very different experience.**

RT: Yes, and with the hormonal therapies often used in breast cancer, sexual concerns arise in those instances also.

Q PB: At the Coalition, we truly appreciate your interest in research and your participation on our Research Review Panel in the past. As a researcher, is there any work you've participated in that has directly affected patient care?

RT: Richard Moore, the chair of our department, has focused on finding new biomarkers for gynecologic malignancies. He has been able to show that HE4* is a biomarker that can actually help us determine if a pelvic mass is likely to be malignant or not. HE4 in combination with CA125 are tumor markers that can also be helpful in detecting recurrent disease earlier. Largely, our lab has been interested in biomarkers.

I'm still pretty young in my career, so I haven't had the opportunity to see my research translate into patients yet, but that's sort of the Holy Grail. The project I worked on as a Ph.D. candidate – my thesis work – was looking at an immune therapy where we injected a cytokine called IL-12 into tumors. It was a breast cancer model actually, but a group here at the University of Rochester is bringing that forward in pancreatic cancer in the near future. I'm really excited that a piece of research I did before has helped. It certainly wasn't the only study that suggested this immune therapy could be helpful. It's exciting that work I contributed to and is likely going to come into clinical trial in the near future.

I'm still pretty young in my career, so I haven't had the opportunity to see my personal research efforts translate into FDA approved treatment for patients yet, but that's sort of the Holy Grail. The project I worked on as a Ph.D. candidate – my thesis work – was looking at an immune therapy where we injected a cytokine called IL-12 into tumors. It was a breast cancer model actually, but a group here at the University of Rochester is bringing IL-12 therapy forward in pancreatic cancer in the near future. I'm excited that a piece of research I did before has worked well enough to consider using it for patients. It certainly wasn't the only study that suggested this immune therapy could be helpful, but it is exciting that the body of work I contributed to is likely going to come into clinical trial in the near future.

PB: That is wonderful! I'm sure that's a great feeling.

RT: It is.

Q PB: What else do you see that may be on the horizon for treating gynecologic cancers?

RT: I may be biased because my background is in immunotherapy, but I do think immunotherapy is the wave of the future for a variety of cancer types, including gynecologic malignancies. There are some exciting early-stage clinical trials in cervical cancer where T cells are taken from patients' tumors, expanded in a lab, and then given back to those individuals. I think a lot of us see that likely coming for patients.

In uterine cancer, there has been a combination immune therapy regimen – Keytruda and Lenvima**, which is now FDA approved. We're seeing that when it does work for people, it can give them some really long response rates. That's a way immune therapy is already working in one gynecologic malignancy.

In ovarian cancer, I think we will get there as well. The tumor microenvironment is different in ovarian cancer than other cancer types, so it may not be something as straightforward as, say, the checkpoint inhibitors that we use in lung cancer and melanoma. It may be a combination of different things, but I do think we'll find an effective immunotherapy regimen in ovarian cancer at some point.

Q PB: That would be fantastic news. We personally know a number of people affected by ovarian cancer here at the Coalition, as well as those facing all types of gynecologic malignancies. Any one of these diseases can be challenging for patients and for their medical providers. What drew you to your interest in treating people with gynecologic cancers?

RT: My grandmother and great-grandmother both had uterine cancer. And my mother had breast cancer. Gynecologic oncology is definitely near and dear to my heart, as a tribute to them. My mother's actually doing well; my grandmother and great-grandmother did lose their lives to uterine cancer.

Q PB: I'm sorry to hear that. So you've been directly impacted by these diseases.

RT: Thank you. Almost everybody has been directly impacted by cancer in some way or another; it's a sad truth.

Q PB: Unfortunately, yes. But, at the end of the day, what gives you hope?

RT: The amount of research being done in gynecologic cancers makes me optimistic and hopeful for the future. Even though I'm a young clinician, I've seen treatments come through that are really impacting patients and helping them live longer; treatments that carry fewer side effects than chemotherapy, and specifically, fewer long-term side effects. Research is just exploding in these areas and I think we'll continue to see more and more progress made in the coming years.



*Human epididymis protein 4 (HE4) is a...clinical biomarker that can be readily detected in patient serum and is overexpressed in EOC [epithelial ovarian cancer] tissue. <https://www.nature.com/articles/s41598-020-65353-x>

** "Lenvatinib [Lenvima] plus pembrolizuma [Keytruda] showed promising antitumor activity in patients with advanced endometrial carcinoma who have experienced disease progression after prior systemic therapy." <https://ascopubs.org/doi/10.1200/JCO.19.02627>

ADVOCACY CHAIR UPDATE

Looking Back

By Kathy Guglielmi

As I write, I am looking out my window and see a familiar sight: the little yellow sign on my neighbor's lawn. These signs are so common that I think many of us do not notice them anymore. They are part of the landscape. Where do these signs come from and why are they there?

On March 1, 2001 the Neighbor Notification Law, which requires 48-hour advance notice to owners of abutting properties when pesticides will be applied, became effective in New York counties that had opted into the law. At the time, Monroe County had not done so. That all changed in 2005 when then County Executive Maggie Brooks announced her support for the law. The Coalition's Advocacy Committee, chaired by Melisande "Mel" Bianchi, worked alongside environmental groups to help educate the community about the law. The Coalition sponsored a panel discussion featuring medical and industry experts who answered questions about the dangers of exposure to the chemicals present in pesticides. Coalition Advocates attended multiple, monthly Monroe County Legislature Sessions, stressing that notification would allow individuals and families to decide on precautionary measures such as closing windows and keeping children and pets off the treated area. After months of discussion and debate, the Monroe County Legislature voted to opt in on the 48 Hour Neighbor Notification Bill and on January 1, 2006, the law took effect in Monroe County.

48 HOUR NOTIFICATION LAW PROVISIONS

- Providing at least 48-hour prior written notice to neighboring properties, and to occupants of multiple dwellings for the site of a pesticide application, for certain commercial lawn pesticide applications.
- Posting of visual notification markers for residential lawn applications.
- Posting of an information sign by retailers who sell general-use lawn pesticides.
- Written notification, notification markers, and retail signs must be written in both English and Spanish (2020 amendment).
- Application to grounds or turf of a cemetery
- Emergency applications
- Certain pesticides that meet the U.S. Environmental Protection Agency requirements for minimum risk pesticides, reduced risk pesticides or biopesticides

New York Counties that have adopted local notification laws:

- Albany County
- Erie County
- Monroe County
- Nassau County
- Rockland County
- Suffolk County
- Tompkins County
- Ulster County
- Westchester County
- New York City (One local law covers all five counties that comprise New York City.)

Exempted from this requirement:

- Granular pesticides
- Horticultural soaps or oils
- Spot applications
- Injection of pesticides directly into a plant or the ground



Kathy Guglielmi

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The Metastatic Breast Cancer Access to Care Act

By Rebecca Solomon

A diagnosis of metastatic breast cancer (MBC) opens a new world of physical, emotional, and financial challenges. Disability income, and optimum and immediate access to medical tests and treatment, including palliative care, are essential.

Yet, those under 65 who face disability and who paid into Social Security are met with a daunting obstacle: for Social Security Disability Income (SSDI), there is a five-month waiting period to receive benefits. When SSDI begins, there is then a two-year waiting period for Medicare.

In addition to loss of income, ending employment usually means loss of health insurance. Private policy extensions are out of the financial reach of most and the default to a public program, usually Medicaid, offers inferior coverage to Medicare.

The Metastatic Breast Cancer Access to Care Act is a Bill in Congress that would waive the five-month waiting period for SSDI and the subsequent 24-month waiting period for Medicare for individuals under 65 disabled due to MBC.

Introduced for the third time, the Bill has two models: End-Stage Renal Disease was already a qualifier for automatic coverage, and, in 2020, Congress voted to waive the waiting period for Amyotrophic Lateral Sclerosis (ALS), thus creating a federal precedent.

Those living with MBC live full and vibrant lives, raising families and working in careers they love; however, for many, a time will come when disability becomes a reality. Increased access to care will not only benefit patients and families, but inclusion of a younger patient population in clinical trials, generally not covered by public insurance, would benefit patients and could accelerate the pace of research. With 60 being the average age of diagnosis, the fiscal impact on the federal budget would be minimal.

Yet, under-65 automatic coverage by SSDI/Medicare remains elusive for people with MBC.

Many with MBC will not live long enough to see the benefits they have paid into, and there is a growing archive of people whose MBC journey would have been different with more substantial income, or with earlier treatment.

Advocates are ramping up efforts to raise the profile of the Bill to ensure that this legislation will move forward to a vote in the 117th Congress. By making your support for this Bill known to your representative, you, too, can be an advocate.

In the House of Representatives, the Metastatic Breast Cancer Access to Care Act is H.R. 3183; introduced by Rep. Kathy Castor (D-FL) and Rep. John Katko (R-NY). In the Senate, it is S. 1312.



Rebecca Solomon



You can be an Advocate!

Call or email your local representatives to share your support of the **MBC Access to Care Act**:

- NYS Assembly: H.R. 3183
- NYS Senator: S. 1312

Contact us with any questions – info@bccr.org.

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!



Although we have remained open throughout the COVID-19 pandemic, safety remains our primary concern. For this reason, our programs will be held virtually until further notice. Please visit our website or social media pages for updates. Our programs will remain fluid as we adjust to current NYS DOH and CDC guidelines.

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

Breast Cancer Coalition

In this peer mentoring program, individual breast and gynecologic cancer survivors reach out to those who are more recently diagnosed, providing the reassurance of one-to-one contact with someone

who's "been there," helping them connect with needed resources, and instilling confidence during a difficult time.

Call today to learn how to join the program and be paired with a mentor who has been there, or if you would like to become involved as a mentor.

HEALING ARTS

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

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

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

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.



GIVE AND GET SUPPORT

Breast & GYN Cancer Group

Gather, support, network, and discuss your journey with others diagnosed with breast or gynecologic cancer. Professionally facilitated.

Virtual links available on our website.

- **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 gynecologic cancer survivors gather to discuss a wide variety of topics.

Virtual links available on our website.

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.

Virtual links available on our website.

- **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 they face with their adult child's breast or gynecologic cancer diagnosis. Professionally facilitated.

Virtual links available on our website.

- **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:** 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.**

SAVE THE DATE

GYNECOLOGIC CANCER SEMINAR

Pathways to

Education

Connection

Survivorship

Wednesday, September 15th, 1:00 - 4:30pm



Although we have remained open throughout the COVID-19 pandemic, safety remains our primary concern. For this reason, our programs will be held virtually until further notice. Please visit our website or social media pages for updates. Our programs will remain fluid as we adjust to current NYS DOH and CDC guidelines.

LEARN

Evening Seminar

Evening Educational Seminars bring information and education to our survivors and community friends. **Register online.**

- **July 28, 7:00pm: “Cancer and its Treatment: Crisis, Catalyst, and the Role of Self-Compassion,”** Dr. Jennifer Griggs, MD, MPH, Univ. of Michigan in Ann Arbor, Certified Narrative Medicine Practitioner at Transforming the Narrative
- **August 25, 7:00pm: “Breast Reconstruction, Take II,”** Dr. Ashley Amalfi, Quatela Center for Plastic Surgery
- **September 22, 7:00pm: “Updates in Genetics and Cancer Risk Assessment,”** Jessica Salamone, ScM, CGC, Certified Genetic Counselor, Elizabeth Wende Breast Care

Book Club

If a traditional support group isn't for you join our monthly Book Club. **Virtual links available on our website.**

- **Thursday, July 22: *The Invisible Life of Addie LaRue*;** by V.E. Schwab; facilitated by Marilyn Ling, MD
- **Thursday, August 26: *The Library Book*;** by Susan Orlean; facilitated by Nancy Gadziala, MD
- **Thursday, September 23: *The Nickel Boys*;** by Colson Whitehead; facilitated by Ren vanMeenen

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. **Virtual links available on our website.**

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

PROGRAM DIRECTOR UPDATE

An International Experience for Young Survivors

by Christina Thompson



Christina Thompson,
Program Director

Those of us who live in upstate New York are familiar with the slow change from winter to spring. Between the gray, overcast skies of late March and the physical distancing required by COVID-19, I had been dreaming of traveling to break up the monotony. At the same time, I was planning our spring Young Survivor Gathering.

On Friday, April 23rd, twenty fabulous young survivors joined me in Travelling to Morocco (virtually)! Prior to the event, each had received a package with ingredients delivered to their home. At 6pm, we joined together from our kitchens while our professional chef James showed us how to make Moroccan Apricot Chicken Tagine (see recipe on page 23). The scent of cumin, garlic, ginger, and harissa filled the air. While waiting for our dish to cook, we participated in a trivia session about Morocco, and several young survivors who had travelled to Morocco shared their experiences. Family members popped in, and two survivors invited their moms to join in cooking. Several young children were taste testing and others were helping to cook – future Master Chef Jr. Contestants in the making! One of our survivors and her husband made the experience into date night! The evening was a complete success bringing young survivors of breast or gynecologic cancer together to foster community – and have a blast!

I connect with this group through my own breast cancer battle. Being diagnosed at age thirty-nine put the brakes on life when my daughters were ages two and five. At the time, I was employed as a full-time dental hygienist, and our young family was flipped upside down while I was trying to coordinate my treatment and work schedules. Facing a future with so many unknowns can be terrifying. Connecting with others in a similar situation is crucial. It allows us to ask the hard questions. How did you tell your children? How did you reassure them? Were you able to work while going through chemotherapy? Who helped you navigate disability? What do I need before surgery? Those who are able to answer these tough questions instill hope.

Young survivors have unique needs and concerns. Families, careers, and uncertain futures are looming thoughts. Our Young Survivor Gatherings are offered four times per year and allow us to join together and realize we are not alone. These bonds provide strength and empowerment for us to continue through treatment.

MALLORY M.
Single and Working
through Breast Cancer

Mallory is a Physician Assistant who was diagnosed with breast cancer in April of 2020: she was twenty-eight years old at the time. When she and her doctors reviewed her imaging and pathology reports, they came to the decision that a single mastectomy would be best for her. Mallory also opted for reconstructive surgery, which would take place several weeks after her mastectomy.



As a single, self-supporting individual, Mallory needed flexibility in her work schedule. She was able to go on short term disability for the six-week recovery period after her mastectomy and the two-to-three weeks needed for healing after her reconstruction.

Mallory's community, including the Coalition, rallied behind her.

"I could not have gotten through my treatment and experiences with breast cancer to date without the support of my parents, my family and my friends.

Throughout my initial diagnosis as well as my return back to work after disability leave, my manager was also extremely supportive – she allowed me to

“Take the time you need for yourself. We often prioritize work above our own needs ... don't be afraid to admit when you need a day off or a moment of rest.”

be flexible with my schedule, take time off when needed for appointments and testing, and transition smoothly back to work. Immediately after I was diagnosed, work was a needed "escape" from the stress of thinking about breast cancer – a place to focus on taking care of other people instead of my own medical issues. In the midst of the pandemic, I felt very lucky to be working at a job that I love.”

For those who may find themselves in a similar position, Mallory advises: "Take the time you need for yourself. We often prioritize work above our own needs and feel the need to "soldier on" through difficult times. While it can be empowering to continue working through treatment, don't be afraid to admit when you need a day off or a moment of rest.”

Surviving breast cancer means to walk a sometimes challenging path. Young survivors of breast cancer will be on that path for long time. Regardless of their individual situations, they walk with a level of strength and determination that inspires not only other young survivors, but all who have the opportunity to meet them and get to know them. It is a privilege to serve a local community of empowered young survivors here at the Coalition.



Helene Snihur
Research Director

It's bittersweet to be writing these words, my last column for the Coalition newsletter. After some 40-odd years working in communications and public relations, I went into semi-retirement. I was blessed with the opportunity to join the Coalition staff as Research Administrator. I've decided to make the transition to full retirement this summer.

To say I was "blessed" is not an exaggeration. I joined an organization that was invaluable to me after my own diagnosis with DCIS. I wanted to use my skills to pay back in some small way. I learned and gained even more.

At events, I've met many patients and families who found comfort and assurance coming to the Coalition. They've been able to learn more about the disease and have formed enduring friendships. And then they themselves have given back to the Coalition, supporting its mission in many different ways. Their stories and dedication kept inspiring me.

As Research Administrator, I met and was supported by an extraordinary group of selfless, dedicated volunteers and staff members. Their input, cooperation, and collaboration helped me get up to speed, helped me overcome challenges, helped me do well in my job. I don't like cliches, but... "I couldn't have done it without you" is true and appropriate. I'm grateful to all of you!

20th ANNUAL Pink Ribbon Walk & Run

presented by
Van Bortel
SUBARU Ford CHEVROLET

A Virtual SUCCESS!

By Meredith Utman

Close to 1,200 people took part in our 20th Annual Pink Ribbon Walk and Run, helping to raise \$195,000! A huge THANK YOU not just to our walkers and runners, but to the families and friends who supported them, as well as our amazing sponsors.

Over Mother's Day weekend, participants near and far created a sense of community via social media, posting photos as they walked or ran to support the Breast Cancer Coalition. The smiles and pink and teal shirts abounded! All funds raised from this event stay local, enabling the Coalition to continue providing critical programs and services, at no cost, to breast and gynecologic survivors in our community.

At the Coalition, we like to say it takes a community to serve a community. We are truly fortunate to have such a dedicated community of partners helping us to continue empowering breast and/or gynecologic cancer survivors through support, education, advocacy and research.

Many thanks to all who helped make our 20th Pink Ribbon Walk and Run a true success!

2021 At A Glance

PARTICIPATION

- Total Participants = 1,196
- Out of State Participants = 50
- Participants from the NYS region (outside Monroe County) = 321
- Farthest away – California

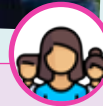


FUNDRAISER STATS:

- # of participants who fundraised = 360
- # of Donations = 2,093
- # who raised \$100+ = 193
- # who raised \$500+ = 66
- # who raised \$1,000+ = 48
- # who raised \$2,500+ = 14
- # who raised \$5,000+ = 6

Wow!





TOP 5 TEAM FUNDRAISERS

1. Sloane's Squad – \$9,995.00
2. Team BFF – \$6,578.00
3. Mosaic Health – \$3,762.00
4. Nancy & Friends, Team Factor – \$3,340.00
5. Team Padiddle – \$3,273.00



TOP 5 INDIVIDUAL FUNDRAISERS

(as of 5.18)

- Sloane Miller* – \$9,790.00
- Michele Chantra – \$7,420.00
- Holly Anderson – \$7,147.00
- Pamela Polashenski – \$5,435.00
- Patti Cataldi – \$4,758.00



We are grateful for the support of our sponsors:

PRESENTING

Van Bortel



GOLD



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G.W. Lisk Company, Inc.

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Leonard's Express

Muchler Financial Services

West Herr New York

PINK

Aristo

BJ's

Bond Schoeneck & King Attorneys

CCOR

Maria Cook (in Memory of Tom Cook)

Mona Moon Naturals

The Schnell Family

Thelma's Boutique

* Sloane Miller formed her first Pink Ribbon Walk and Run team in 2019 when she was just 10 years old. As the inspirational captain of Sloane's Squad, her team has raised more than \$23,000 in the past three years. Sloane runs each year in memory of her mother, Kimberly Miller. Congratulations to Sloane and her amazing Squad!!

A PERSONAL JOURNEY: SANDRA V., continued from page 3.

and healing. It was a source of great comfort for Sandra.

Another helpful connection came in the form of a PALS mentor, who checked in with Sandra by phone regularly. Here was a real-life (albeit remote) connection with a person who had come through a similar experience and was living her life to the fullest. Sandra and her mentor kept in contact by phone throughout her treatment and beyond, and they look forward to the time when they can safely meet in person!

Fortunately, there were no treatment delays due to COVID or any other reason. Considering the sub-type of her cancer, Sandra's doctors suggested she undergo chemotherapy first. This would be followed by surgery, then several weeks of radiation therapy before beginning an oral hormonal medication to help ensure her estrogen-driven cancer would not recur.

"My biggest obstacle has been fear," Sandra acknowledges. "When I found out I needed to have chemo, I wondered, 'Am I going to be able to do this? How are they going to do this treatment with COVID going on?'" Fortunately, Sandra and Ronald's home is an eleven-minute drive from her cancer center. Because only patients were allowed inside the facility, her husband would drop her off for infusions then return to pick her up. Sandra's fear took the form of a question: "Can I do this by myself?"

Fully aware of Sandra's fears, the staff at her treatment facility rose to the occasion. "All the staff, and the infusion nurses in particular, were so excellent, they put me at ease from day one." Chemo days would begin when Ronald and Sandra made the short drive from their home to the cancer center. Once in the parking lot, they shared a quiet prayer in the car before she entered the building by herself. Knowing the love of his life

was surrounded by care and support, Ronald waited patiently for her return; he was never more than a phone call away if needed.

When the months of chemotherapy were finally behind her, Sandra faced a surgical decision. The advice of her radiologist served her well at this time: "Ask for what you need." After discussing the best options for her with her health care providers, Sandra then turned to Ronald and her mentor as she zeroed in on her decision. She ultimately opted for a bilateral mastectomy with reconstructive surgery. Her mentor had made the same choice, and her experience was invaluable. "It makes a difference talking to someone who's gone through something similar to you. However everyone should do what they feel is best for them."

Sandra considered ways to include the rest of her family and friends in her care and quickly realized she didn't need people to cook or clean for her; these were inadvisable under COVID and would not have suited her in any circumstance. "I really needed them to focus on praying for me, and to call me and share what was going on in their lives. I didn't want to talk about cancer every day. I was fortunate enough that people called and told me things they were doing. It was good to hear them say 'I'm praying for you every day.' I received a lot of encouragement from a lot of different people on a regular basis."

On the day of her surgery, Sandra was directed to enter the hospital by herself. "I have been accustomed to doing things on my own all my life, but this wasn't one of the things I wanted to do," she recalls. However, bolstered by the support of those who mean the most to her – and of whom she had made specific requests for prayer and support – Sandra walked through the hospital doors on the appointed day and found herself surrounded by caring, attentive professionals. Once

again, Ronald waited patiently by the phone for news of her progress, and he and one of their daughters were there after surgery when they were allowed.

Months of healing and the seemingly slow pace of her radiation therapy began to wear on Sandra. "I was in a struggle with my own mind regarding how long it was taking to come to the end of my treatment." Her family, friends, church family, and her PALS mentor were – and still are – instrumental in seeing Sandra through. It helped to chat with her loved ones and to receive the reassurance from her mentor that "You will get through this."

With her active treatment behind her and a course of oral hormonal medication to see her through the next few years, Sandra reflects: "During my entire treatment from the diagnosis through surgery and now recovery, everyone that has been in my path has been excellent. Everything went according to schedule. I didn't have any delays in any treatment because of COVID. Even with that, it's been a long, long journey."

Sandra has no regrets. "There have been very few decisions in my life that I've regretted. Thank goodness this is one of those things. I feel I've made the right decisions for me, and that's what I wish for anyone who has to go through this – that they have the clarity to know what's right for them."

Cancer doesn't care about a pandemic. However, neither do resilience, resourcefulness, and the many other qualities that saw Sandra through the aftermath of a difficult diagnosis that happened during the worst of times. Getting through the pandemic has been a challenge for everyone. Sandra, who also faced breast cancer during COVID, is a special breed of survivor. It's *Survivorship*².

Friends Remembered

We celebrate all who set an unwilling foot on this path, along with our friends and supporters.

Jen Bergstrom
Mabel Brown
Jennifer Dehlman

Karen Ann Havens
Mary Keenan
Otis King

John Mitchell, Jr.
Mary Ortega
Kristine Zimmerman

BARBARA O'CONNELL

Excerpted from Tributes by her son and daughter-in-law, Kevin and Kirstin O'Connell

Heaven Just Recieved Another Angel

To know Barbara (Lynch) O'Connell was to know love. The first-born daughter of Jack and Florence Lynch, she was the quintessential big sister; a role model and friend to both her younger sisters.

My father found his true love when Barbara's path crossed his. On February 24th 2021, my parents will have been married for fifty-five years. We all know that fifty-five years of marriage is no easy feat. It takes compromise, forgiveness, love, and partnership. We base our relationship

on what my mother and father displayed to us every day.

Being a mother meant more to mom than giving birth. She taught us how to be compassionate and considerate, and to pay attention to the details. Being a Grandma is a role that my mother cherished. She always knew the correct words to use when one of her grandchildren needed to be consoled, inspired, or reassured. And her great-grandchildren, Wyatt and Katie were her fountain of youth and her resource of energy.



Mom's philosophy was simple, "Do Something Kind" She will forever be remembered for the things that she loved to do as well as for the love that she spread to others through her kind gestures. Her gentle spirit will remain in our hearts forever.

To have known MOM is to have known LOVE.

Living With Advanced Breast Cancer: Lori M., continued from page 6

for a full minute and said, "You are in incredible pain. I will solve this." I burst into tears immediately.

A PET Scan, demanded by the neuro surgeon (and disliked by insurance) solved the puzzle. Three "hot spots" showed in my shoulder and chest area, likely signaling a return of the cancer. OUT OF LEFT FIELD, KNOCK ME OVER, NO WAY! Been there, done that.

I burst into tears for the second time in his office and he promptly called to secure an immediate appointment with my oncology team. And just like that...I was back. I'm older, more aware, and way more scared.

So began the deja-vu of calling Holly, who met with us immediately. During our conversation, she suggested the Common Ground Group. I said, "No thanks, I'm good," all the while secretly thinking, "There's no way I'm joining that club. I'm not dying." I did agree to have a PALS mentor, someone I could talk to about my treatments, etc. Here's to you Mary!

While my first cancer experience was an adjustment in and of itself, the second was oddly familiar yet very different. My family and friends are again my lifeblood and I am thankful for them every day. My children along with their partners remain my chief supporters. My husband Tom is my ABSOLUTE ROCK! All the familiar

cancer things followed: scans, appointments, biopsies, and medications, but the word "metastatic" loomed large in my mind. Holly, that perpetual source of hope, would call, text, encourage, cajole: "Try the Common Ground 'Peeps.'"

"Nope, not ready!" was always my response.

Finally, one glorious sunny morning, Holly called. There was a Peeps pop-up that day – an outdoor, COVID-safe, socially distanced gathering. "Come with me," Holly said. I responded with, "Sorry, I have to work." Holly countered, "You are retired and occasionally work for your brother-in-law who I know; I think I can get you out of it." I thought to myself, "She WILL call him!"

I reluctantly agreed. I went to the pop-up and never looked back.

These people became MY people. Immediately. This is a group of the most vibrant, colorful, welcoming folks you would ever want to meet! I confessed my reluctance at the pop up. They all laughed uproariously...they get it! A dying group? Not a chance! This is the MOST ALIVE group I have ever had the pleasure of joining. Here's to you, my beloved PEEPS. You give me hope every single day. Thank you. I look forward to many more adventures with you beautiful people!

Parent Networking Group

For Parents of Adult
Children with Breast or
Gynecologic Cancer

By Lynda McKinley

I am a breast cancer survivor. During my diagnosis and treatment I did not look for a support group. I had a very supportive circle of friends and I thought that was enough.

Five years ago my daughter was diagnosed with ovarian cancer. She was forty-three years old, single, and had no children. I knew immediately that I would not get through this without help. I would need the support of other parents who would understand the pain I was experiencing. This "role" comes with a whole set of issues that cannot be imagined if you have not been there.

I began making calls to find a support group for parents with adult children diagnosed with cancer; unfortunately, with no success. When I called the Coalition, I was advised that they had no such group but, because I was a survivor myself, I was encouraged to attend Brown Bag.

As a result of sharing my story, other parents came forward and shared theirs. With the help of the Coalition staff, the Parents Networking Group was formed. The group offers support to those of us who are trying to navigate this mine field of parenting an adult child with cancer. You want to help; you want to take care of this child because that's your job. And that job doesn't end because the child is an adult. Sometimes your help is met with gratitude (sometimes even asked



"I, a stranger and afraid,
In a World I never made"
A.E. Housman

for) and sometimes it's met with anger and rejection. You never know what's coming.

Sometimes your grief manifests as anger. This group gives us a place to reveal that, yes, at times we feel angry with this woman who is fighting for her life. Because others in the group have been in that place, they get it. No judgment. Everyone knows that you love your child and would do anything to save her. But at this moment, you're angry.

Most important is that everyone understands the terror that you feel at the thought of losing your child.

That was never the plan. Children bury parents, parents don't bury children. That fear will never be realized for most of us, but it is there. And we have a safe place to talk about it with others who get it.

If you are reading this and have an adult child who has been diagnosed with cancer, please call the Coalition to receive a compassionate response and an invitation to our group. We meet on the first Tuesday of every month at 5:30pm. For those who have ever attended this meeting, please consider coming again. We need one another.

VOLUNTEER SPOTLIGHT

Patti Cataldi

By Pat Battaglia

Our beloved Chair of the Board, Patricia (Patti) Cataldi, first learned of the Coalition after her diagnosis of breast cancer in 2006. Her friend, Joyce Wichie, who was then our Board Chair, made sure that Patti received a packet of information about our organization in the mail, which included a heartfelt letter from Holly Anderson.



Patti was deeply touched by the gesture but hesitated at first to reach out to us. However, when Joyce invited Patti and her husband, Dick, to attend the ARTrageous Affair, it was an eye-opening occasion. "I met so many wonderful and inspirational women that evening and for the first time realized that I too, was part of this powerful army of survivors," wrote Patti in her bio for our Lives Touched Lives Changed photo collection.*

Patti joined our ARTrageous Committee and, with her strong leadership skills, soon rose to the position of Committee Chair, serving on our Board of Directors. When Joyce's term on our Board ended in 2010, Patti was offered the position – and, to our delight, she accepted. Her term ended six years later, but Patti is once again at the helm to steer the organization through yet another period of growth.

"A Chair of the Board for any nonprofit organization can make or break it," says our Director, Holly Anderson. "We have seen incredible growth and change under Patti Cataldi's capable leadership. We are extraordinarily fortunate to have had her guidance over many years."

Patti serves as that town of Webster's Deputy Supervisor, where she and Dick make their home. They are the proud parents of Dr. Jessica Cataldi, a pediatric infectious disease specialist in Denver, Colorado.

Writes Patti, "I am enriched by friendships that I have made while on this journey...I know that I am not lucky, I am blessed." So are we, Patti.

*Available on our website:

<https://breastcancercoalition.org/patricia-c/>

PALS Update

By Pat Battaglia, Associate Program Director

Breast cancer isn't a single disease, and gynecologic cancers occupy equally complex territory. These diseases can and do occur at all stages, from small in situ growths to advanced disease that has spread to distant sites within the body – and all phases between. And they often carry certain biomarkers that can influence treatment decisions. Genetic factors play into the picture for some as well. In addition to wide range of variables in these diseases, the individuals affected come from all walks of life and represent all ages, races, and genders. Making strong peer connections through our PALS program has become possible because of the depth and breadth of the survivor community we serve at the Coalition. And that community continues despite the pandemic.



Pat Battaglia
Program Assistant Director

Those who turn to the Coalition for support and information after a recent diagnosis of breast or gynecologic cancer, and who then choose to participate in our PALS program, take advantage of this opportunity to speak one-to-one with someone who has faced a similar situation.

COVID has not slowed the pace of PALS connections that have been made in the past year-and-a-quarter. We have adapted, while our savvy mentors have grown ever more creative in finding ways to connect with their mentees. Phone calls, text messages, facetimeing, Zoom meetings, Facebook messaging, and remote communication of all types have ensured that these helpful survivor-to-survivor conversations happen at a time when they are truly needed.

I look forward to the time when we can safely gather in person again. When that time arrives, long awaited hugs will abound! And we'll carry forward an important lesson: we can communicate effectively and meaningfully even when we're not able to be together physically. The possibilities are endless!

Learn more about our PALS program on page 12, by calling 473-8177, or email info@bccr.org.

Sun Safety Tips

It's summer! Now is time to fully enjoy the great outdoors, mindful that a little care can go a long way to protect your largest organ – your skin – from overexposure to the sun's ultraviolet (UV) rays. People of all skin colors are at risk for sunburn and other harmful effects of UV radiation. At greatest risk are those with pale skin; blond, red, or light brown hair; or a history of skin cancer in themselves or a family member. And some medications can increase your skin's sun-sensitivity. Check with your health care providers and take extra protective measures if needed.

To stay safe in the sun:

- Limit your time in the sun, especially between 10 a.m. and 2 p.m., when UV rays are most intense. Even when skies are overcast, up to 80 percent of UV rays can get through the clouds.
- Wear clothing to cover sun-exposed skin, including sunglasses that block at least 99% of UV light and a wide-brimmed hat.
- Use broad-spectrum sunscreens with a SPF value of 15 or higher regularly and as directed. Broad spectrum sunscreens offer protection against both types

of UV rays: UVA and UVB. Apply liberally to all uncovered skin, especially your nose, ears, neck, hands, feet, and lips. SPF values above 60 have not been shown to provide additional protection.

- Remember no sunscreen completely blocks UV radiation, and while some are water-resistant, none are waterproof. Reapply your sunscreen every two hours, and after swimming or sweating.
- Do not use tanning beds and sunlamps. Both can cause serious long-term skin damage and contribute to skin cancer.

For further reading, the Environmental Working Group has released their 2021 Guide to Sunscreens, which provides evidence-based information on the safest and most effective products and is available for download at ewg.org.

A sunburn is no fun. Be proactive and enjoy your time in the sun!

Sources:

1. www.ewg.org
2. www.fda.gov/consumers/consumer-updates/tips-stay-safe-sun-sunscreen-sunglasses
3. www.cancer.org/latest-news/stay-sun-safe-this-summer.html

Free Breast Cancer Screenings

We are grateful to our community partners for offering free cancer screenings throughout the year. Mark your calendar with these upcoming dates.

- September 25, 2021 at Rochester Regional Portland Campus, Rochester
- October 2, 2021 at Highland Breast Imaging, Red Creek
- October 16, 2021 at Elizabeth Wende, Brighton
- November 6, 2021 at Borg and Ide Ridgeway, Rochester
- December 11, 2021 at Elizabeth Wende, Brighton



Apricot Chicken Tagine with Ginger and Mint

2 servings

EQUIPMENT:

- Tagine, Dutch oven, or Cast-iron skillet, and lid
- Medium bowl
- Knives
- Cutting board
- Whisk

SPICE RUB FOR CHICKEN:

½ tsp each:

- Kosher salt
- Harissa
- Ground cumin
- Ground turmeric
- Ground cinnamon

TAGINE:

- 1 Tbsp olive oil
- ½ large onion
- ¾ Tbsp minced ginger
- 1 clove minced garlic
- 3 oz dried apricots coarsely chopped
- 1/8 C. golden raisins
- 2 medium carrots; peeled, thickly sliced
- ½ C. chicken broth
- 1 Tbsp honey
- 1 Tbsp tomato paste
- 1 Tbsp lemon juice
- ½ tsp ground cumin
- ½ tsp ground cinnamon
- ½ tsp harissa
- 1/8 C. fresh mint, sliced
- 1 Tbsp. roasted pumpkin seeds
- 3-4 skinless, boneless chicken thighs

INSTRUCTIONS:

Preheat oven to 400 degrees

1. Chicken: Combine spice rub ingredients in a medium bowl. With hands, rub mixture all over chicken, thoroughly covering all surfaces. Use all of the rub.
2. Heat olive oil in stovetop safe tagine, Dutch oven, or cast-iron skillet over medium heat.
3. Add chicken and cook until lightly browned on all sides; about 3-4 minutes on each side. Remove to a plate and let rest.
4. Arrange chicken on bottom of tagine (Dutch oven, or cast-iron skillet). Layer on top in order: carrots, chopped apricots and raisins, and prepared onions.
5. Whisk together chicken broth, honey, tomato paste, lemon juice, cumin, cinnamon, and harissa in a medium bowl. Pour broth mixture evenly over the top of your little chicken mountain.
6. Bring to a simmer. Place lid (tagine, Dutch oven), cook in oven for 25 minutes.

SERVE:

- Remove tagine (Dutch oven) from oven.
- Remove lid, fold in half of the fresh mint, and allow to cool for 15 minutes so the mint infuses in the dish and the juices thicken a bit.
- Season to taste. Garnish with remaining mint and toasted pumpkin seeds.

OPTIONAL SIDES:

Rice, cous cous, warm bread

Recipe adapted from Renee B. The Good Hearted Woman

This recipe was recently cooked up at a recent Young Survivor Gathering that was held virtually.

Coalition GEMs (Giving Every Month)

Valerie J. Pasquarella, Development Director

It has been just over one year since we introduced the term Coalition GEMs (Giving Every Month) to formally acknowledge donors who make monthly, recurring gifts to the Coalition. Thank you to our inaugural GEMs who were monthly donors before there was a name and to all of you who have become GEMs during the past year. We are grateful.



Valerie J. Pasquarella

Monthly gifts offer a steady and cost-effective source of income to the Coalition. Many supporters prefer to become monthly donors because their gifts are processed automatically, thereby reducing the Coalition's costs. Some interesting facts:

- 60% of donors under the age of 35 give monthly
- 50% of those between the ages of 49 and 67 give monthly
- The average monthly gift is \$24

Here is what some Coalitions GEMs have said about their choice to become monthly donors:

"I'm a monthly donor because I want others to benefit from the comfort, relief and hope that the Coalition offers." – Mary R.

"I became a GEM because it's a monthly reminder of the wonderful services that the Coalition provides to our community." – Kim R.

"My mother died of breast cancer. I believe the Coalition is a worthy cause, deserving of consistent support so I have committed to monthly contributions." – Madeline A.

Please consider becoming a **Coalition GEM** by making a monthly donation! The option to give monthly is available through our online donation form online at www.BreastCancerCoalition.org. No gift is too small. If you have questions about monthly giving – or any donation to the Coalition – please do not hesitate to call us.

Thank you for your consideration and support!

DONOR SPOTLIGHT:

KATHLEEN WILLISON

Kathleen Willison is a breast cancer survivor, a radiologic technologist whose career has focused on imaging research, and an original Coalition GEM (Giving Every Month), making monthly donations to the Coalition long before this group of dedicated supporters was given a name. Four years ago, her career shifted, reducing travel. "A less hectic travel schedule provided opportunity for assessment on many fronts," she explained. Being mindful and purpose driven in donating was on the list. "Because I love the work of the Coalition, it became evident that donating on a regular basis was the best way to support the effort," she said.



back row: Charlie and Kathleen with their adult children Erik and Katy

Why do you give to the Breast Cancer Coalition?

I've worked in the breast imaging field for many years. I see how devastating and lonely a breast cancer diagnosis can be. I was diagnosed with breast cancer in 1998 when my children were 12 and 9. It was frightening. The Coalition was just starting with a small group of people doing a significant amount of work. I was only peripherally involved at that time through advocacy, and then later as a member of the Research Committee. I have watched the Coalition grow over the years, and I have been so impressed with the organization and their thoughtful innovative programs. The Coalition is vital and vibrant and does wonderful things with a human touch. There are so many programs and services for survivors at different stages of their cancer journeys.

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

There is much work to do. Each year, 43,000 people die of breast cancer in the United States. We must keep going with research as well as support for those who are diagnosed. I appreciate that funds given to the Coalition stay local; we can see the impact of the gifts made to the Coalition. But the Coalition isn't just a fundraising organization – they offer much needed programs and services to survivors. I am a committed donor because I know that my support makes a difference – one that I can see.

Why are you a Coalition GEM?

People may not realize the uniqueness of the Coalition in our country. Advocacy and support are not available everywhere. It's important to me to support the Coalition and giving every month is so easy to do. I also give additional gifts to the Coalition throughout the year as needs arise, but giving monthly is the best way for me to give back because it's consistent, and I don't need to worry about it.

Free of Charge

It is easy to recognize the challenges the Pandemic presented for all of us. The lessons, though less obvious, are worth appreciating.

What have we learned?

We were reminded that **cancer does not take a break**

in honor of a world-wide crisis. Those newly diagnosed needed our camaraderie, knowledge, and flexibility more than ever.

We CAN learn new technology! Some of us (especially of a “certain age”) were dragged reluctantly into the world of Zoom meetings, seminars, speaking engagements, classes, and medical visits. Happily? Not always. But we did it!

Our supporters are steadfast. Virtual Walk & Run. Virtual gala. Virtual fashion show, Zumbathon, home merchandise parties, car show, Super Bowl party, wine tasting, Tumble-a-thon; even a bowling tournament. Our community still “came together” for these and many more events to assure that the Coalition had the funding to continue (and even expand) our services.

Our volunteers miss us as much as we miss them! Gathering, even masked and distanced, to hand out Pink Ribbon Walk & Run T shirts and materials was delightful, even during a chilly, cloudy week. Doing good feels good! Being together feels even better.

The power of support transcends obstacles.

A home-delivered PALS bag is a help and comfort, even from a social distance. Friendships can form and endure despite obstacles.

There are a few advantages to offering programming virtually. Geography is not a barrier. Bad weather, car on the fritz, or children learning at home? You can still attend the monthly Evening Seminar, yoga class, book club, etc. In fact, more did so than ever! We anticipate that several of our services will be offered this way even once our doors are able to open to the public once again.

Sometimes we have been reluctant learners. But the lessons were worthwhile!



Lori Meath

PARTY IN PINK

Our friends and neighbors at **The Strathallen Hotel & Spa** and their amazing restaurant Char recognized Breast Cancer Awareness month with a Party in Pink, featuring a masterpiece dessert called “Sweet in Pink”. This creation of the house pastry chef was a gorgeous combination of a white chocolate mousse, quince, cranberry, honeycomb and pink peppercorn ice cream. The party also featured other pink desserts and cocktails, along with live music by Roses and Revolutions. The Coalition thanks everyone at the “Strath” for a donation of **\$200** from this event.



PAYING IT FORWARD

Longtime volunteer, Advocacy Committee member, and survivor **Eileen McConville** enjoys the camaraderie and income that her Pampered Chef home business provides. Recently, Eileen held a Mystery fundraiser. All party purchasers’ names were entered into a drawing. 20% of the party proceeds would be donated to the winner’s charity of choice.



Winner Karen knew of consultant Eileen’s long involvement with the Coalition and chose us to receive the donation of **\$357.44**. We appreciate these gifts from our survivor community!

LIVING THE GOLDEN RULE



Originally the brainchild of retired teacher Joan Haviland, the **Honeoye Falls-Lima High School Sister Cities Youth Group** is a philanthropic organization dedicated to helping those in need at home, in the community, and in the world. Their first project in 2017 benefitted Honeoye-Falls sister city of Borgne in Haiti.

The group is open to all students, and the projects they undertake have supported migrant workers, sick children, the elderly, and those in the hospital. To start 2021, group members held a bowling fundraiser to benefit the Breast Cancer Coalition. In spite of COVID restrictions, they were able to raise an amazing **\$1000** for us!

UP TO THE CHALLENGE

Inspired by former Navy Seal David Goggins, Brian Hurlimann took on an ambitious challenge to benefit the Coalition. The event, dubbed

“4x4x48”, consists of repeated runs: 4 miles every 4 hours for 48 hours! Brian first became aware of the Coalition’s work through his sister, whose beloved mother-in-law was recently lost to breast cancer. His efforts started at 11:00 pm on March 5. Forty-



eight wakeful hours later, diehard Brian had completed his challenge and raised **\$475!**

Brian shared the following quote: "In a world that is so divided, this is an opportunity to bring people together for a common goal of promoting physical and mental health as well as supporting amazing charitable causes." Thanks, Brian!

POWERFUL PENNIES

A penny a mile may not sound like much. But send four custom-painted pink rigs across the country day after day for more than 5 years - that's a LOT of pennies! In 2015, business partners/family Mike Riccio and Kyle Johnson of **Leonard's Express**, a Farmington-based trucking company, invested in a program to raise awareness throughout the country and bring valuable donations to the Breast Cancer Coalition.



Mike's wife, Kim, benefitted from the many programs and services offered by the Coalition since her own breast cancer diagnosis, and the company knew their reach could benefit many others.

For each mile their pink rigs travel, one cent is contributed to the Coalition. Since the fall of 2015, Leonard's Express has annually forwarded us a check representing those miles. Throughout those years, the Coalition has received more than **\$28,000!**

We are grateful for the generous support and ongoing commitment of this local company.

A NEW "TRADITION"

In 2018 we received a call from a small, independently-owned car dealership in our region. **Tradition Automotive Group** was looking to donate their October fundraising proceeds to a group that would keep the funds in the area. We were thrilled to be that group!



Dario and Makis Hodge are brothers and business partners, the owners of two area dealerships in Newark and Geneva. They have invested in their smaller communities, and regularly raise money for community causes and benefit.

In October each year, they have created campaigns to benefit the Coalition through car sales. Even in the 2020 year-of-distance the brothers' efforts were fruitful; their 2020 gift of **\$1950** is incredible. It also brings the Tradition donations to a grand total of **\$11,391!**

THE BEAUTY OF GIVING



A small, independent business providing a personal service. A pandemic. Tough combination!

But Brooke Montenieri is in the business of helping women feel beautiful. She offers personal pampering through eyelash services, microblading, permanent make up, and waxing. COVID changed everything about the way she did business. But with rigorous cleaning procedures, limited appointments, strict safety protocols, and loyal

YOU BOWL US OVER!

Kathy O'Neill puts passion into every task she undertakes. From her work at Bryant & Stratton College and Wegmans to her love of bowling and baseball, Kathy is known for her stunning smile, boundless energy, and abiding kindness.

Since 2008, Kathy has coordinated a local bowling tournament to benefit breast cancer organizations. Originally part of the national Bowl for a Cure, Kathy decided to keep all funds local and rebranded her effort the **Pink Bowl**. Throughout the years, Kathy and her fellow bowlers have given over **\$180,000** to our Breast Cancer Coalition; support which has helped enable the Coalition to continuously respond to the needs of the community and offer all programs free of charge to the entire Rochester region.

Though the 2020 Pink Bowl preceded the COVID crisis, 2021 prevented the typical two shifts of happy bowlers from gathering. Undeterred, Kathy appealed to her supporters to continue to support the Coalition and other two local support organizations. The 2021 virtual Pink Bowl offered a remarkable gift of **\$3000** with the fervent hope that this dedicated bowling family can once again gather for the 2022 Pink Bowl.



customers, she kept her business going throughout most of 2020.

Brooke's effort on our behalf during breast cancer awareness month educated her clients and was successful in every way. Thanks, **Lashed Extensions and More!** as well as your faithful customers for your much-appreciated gift of **\$909**.

THE MOVEMENT FLX; PILATES ON THE MOVE

Of all the fascinating ways businesses adapted to the pandemic restrictions, **Core Rhythm Pilates** was one of the most creative.



For owner Tracy Janczak, fitness is a way of life and could not be put on hold, so she "took her show on the road," utilizing a mobile studio. And though the idea had been in the planning for several years, the COVID pandemic brought it to reality.

The Movement FLX is a grassroots project created to bring fitness into the greater community. Tracy's passion for community-building is the driver for her custom Pilates studio on wheels. She instinctively and logically realized that "the safest place to move and breathe is outside". Her idea's time had come!

The Movement van has popped up in many area communities, with classes often benefitting local charitable causes. We are the grateful recipients of October's breast cancer awareness class and for a generous gift of **\$300**.

METHOD TO (MARCH) MADNESS



Known as March Madness, the NCAA Division I men's basketball tournament is a single elimination tournament of 68 teams that compete in seven rounds for the national

championship. The last round of victors is known as the Final Four, which leaves just 4 teams in the contests.

The tournament offered the perfect opportunity for Rob Genthner to elevate his enthusiasm for great basketball to a philanthropic success. Dubbed **Method to (March) Madness**, and using the bracket format, Rob invited the predictions of friends and family throughout the

tournament. Contributions provided for a tournament winner – and a sizeable donation to the Breast Cancer Coalition.

Ultimately, the donation was a cooperative gift of the event itself, the winner's donation of his proceeds, and a limited match from Rob's employer, Thomson Reuters. Thanks to all involved for your overwhelming effort and donation of **\$3101**.

POWERFUL PINK OUT

The amazing young women of the **Irondequoit Girls Volleyball team** held their first annual Pink Out game on Friday, April 9. The Eagles' game was streamed live and was the culmination of weeks of spirited fundraising efforts by the girls, their families, their friends and their coaches. Under the direction of coach Kelly Henry Callari, the volleyball community raised a stunning **\$3,500** in this inaugural event! Their efforts largely took place through a Facebook event page, as fans were not able to gather in person for games. Incredibly the final total doubled the team's initial goal.

Props to the Irondequoit volleyball community, for their creative approach, a much-appreciated donation, and for a GREAT season!



LITTLE SUPPORTERS WITH BIG HEARTS



In support of their breast cancer survivor moms, **sisters Lola and Lucy and their cousin Gracelyn** decided to involve a Farmington neighborhood in fundraising efforts for our 20th annual Pink Ribbon Walk & Run.

With the technical and construction support of aunt and uncle Colleen and Troy DuPuis, who also provided a location near their home, the young ladies hosted a stand featuring pink lemonade and donuts which they offered in exchange for donations to the Walk.

Their gorgeous stand was a cheerful sight on our cloudy and cool Mother's Day weekend, but the business was as brisk as the breeze

Thanks to these sweet young supporters, who raised **\$135!**

Thank You Donors

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

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

We are grateful to all donors for their valuable contributions and their commitment to our mission. Please join us in thanking the following individuals, companies, and organizations for their contributions between January 1 - March 31, 2021.

IN HONOR OF:

All breast cancer patients and survivors

Mary Reed *!

All who have had Breast Cancer

Jennifer Kruze !

The wonderful, strong, sweet women of the Jaromin family

Michelle Jaromin

Diane, Debbie & Chris

Estelle Hitzfield !

Tracy Anne's Birthday Fundraiser

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Jienna Korzinski
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Irondequoit Rotary Club

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Nancy Weisbein's Birthday Fundraiser

Peggy Brushey
Laura Tevebaugh
Lisa Traxler

Susan Wood & the Monday night yoga group!

Kellie Anderson !

IN MEMORY OF:

Darala

Bev Crowell !

My Mother

Mary Rawlins

Kathy Bartlotta

Laima Gallo !

Brenda Bennett

Veronica Mitchell

Norman Blaustein

Linda & Dick Cooper !

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Joyce & Jack Worboys

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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 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.

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 pekoe, 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

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Breast Cancer Coalition Mission Statement

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

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

In addition, it is intended to impart accurate, 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.



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TEE'D OFF AT BREAST CANCER GOLF TOURNAMENT

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

ACTober Friday, October 1, 2021

Plans are under way to celebrate and share stories of those we serve.

Would you like to join our planning committee and/or hear about sponsorship opportunities?

Connect with us to learn more!
Call the Coalition at (585) 473-8177.

Stay tuned for more details.