

# THE SPECIALIST

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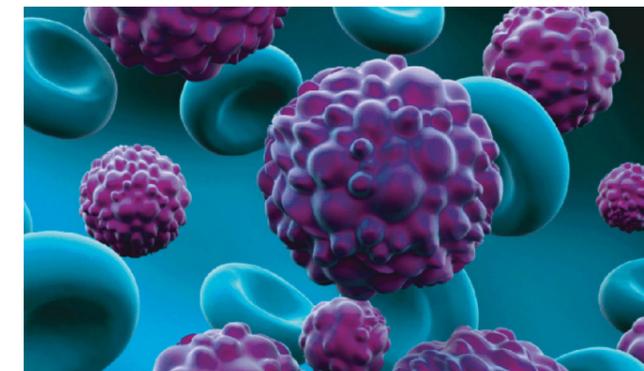
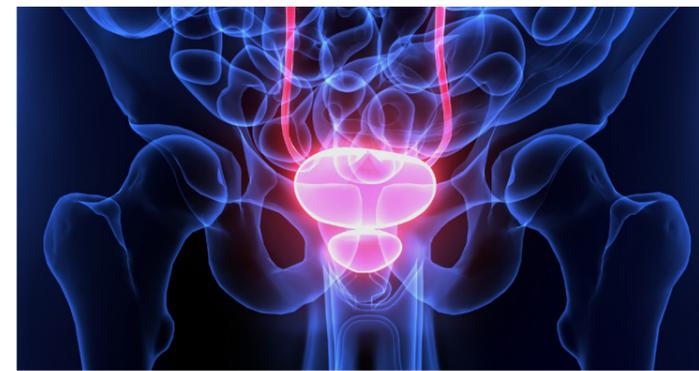
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# A MESSAGE FROM THE CEO

## My Friends,

September is National Prostate Cancer Awareness Month. This month The Specialist calls attention to the struggles of men and families affected by prostate cancer, encourages understanding of the most common risk factors and treatments, and celebrates the victories and medical advances that give us hope that one day we will rid our Nation of this disease.



Prostate cancer is the most common cancer affecting American men, and nearly 12 percent of men in the United States will be diagnosed with prostate cancer in their lifetime. More than 200,000 men are newly diagnosed yearly, and more than 30,000 die from this disease. Individuals at the greatest risk for prostate cancer include African American men, men over the age of 65, and men with family histories of prostate or other cancers.

Thankfully, prostate cancer is treatable, and early detection can help save lives. In this issue, we will explore the breakthroughs in risk identification, early detection, and targeted treatments. Improvements in biopsy techniques, such as magnetic resonance (MR) guided biopsies, have allowed cancers to be more reliably detected. Among the newest prostate cancer imaging and therapies are advanced prostate-specific membrane antigen (PSMA)-based PET scans and CAR T-cell therapy, a complex treatment option only available as a clinical trial. We will also learn about the role of palliative care and nutrition in prostate cancer.

In addition to the world-class care we provide in our daily practice, New York Cancer & Blood Specialists (NYCBS) remains committed to ensuring that cancer patients have access to the necessary drugs and therapies to treat prostate cancer through monthly Prostate Cancer Advocacy Group Meetings, policy efforts, and events like "Sit in My Chair."

This September affirms our support for all those battling prostate cancer. Together, we will work to provide every patient with affordable, reliable care and look toward a future free from the scourge of this disease.

Warm regards,

**Dr. V**

# Patient Feedback



## Dr. Amory Novoselac:

"I like how attentive the staff and my doctor have been. I like the promptness of my appointment scheduling and very minimum wait time."



## Dr. Regina Jablonski

"Dr. Jablonski is simply a wonderful caring and knowledgeable doctor. I believe I'm in great hands. The nurses Meghan, Brittany and Jennifer are so caring and make me feel less anxious."



## Dr. Rocco Caruso

"The staff was friendly and knowledgeable. Location was perfect. Pleasant office. Dr. Caruso is the most caring doctor that I have ever had! He listens to your concerns."



## Dr. David Chu

"The staff is always so friendly and understanding. In particular, I see Danielle, Joanne Palladino, Dr. Chu, Austin, Maurice....all very patient. They absolutely know how to treat a patient who is undergoing life-changing events."



## Dr. Triantafillos Fillos

"Absolutely love Dr. Fillos! He's compassionate, knowledgeable, and funny! He takes the nervousness right out of the appointment. He explains everything in layman's terms, which puts you at ease .. Also, the staff is wonderful from the desk to the clinic .. I was very happy with all the care I received, super!"





# STARS

# “SIT IN MY CHAIR”

## NEW YORK CANCER & BLOOD SPECIALISTS HAS CONGRESSMAN ANDREW R. GARBARINO (R-NY-02)T

The majority of Americans fighting cancer receive treatment in a community oncology clinic. Since 2008, more than 1,700 community oncology practices have closed, been acquired by hospitals, undergone mergers, or are struggling financially to compete. As local cancer clinics close, patients are forced to travel farther for treatment, resulting in less convenient and more costly cancer care.

Today, community cancer clinics around the country face threats from pharmacy benefit managers (PBMs) that routinely delay or deny patients access to necessary cancer drugs. PBMs artificially inflate drug prices, enforce outdated care models, and ultimately degrade cancer care delivery.

On Thursday, August 18th, New York Cancer & Blood Specialists (NYCBS) hosted Representative Andrew R. Garbarino in a “Sit in My Chair” event in our Babylon office. Congressman Garbarino represents New York’s second district spanning the South Shore of Long Island from Seaford to Sayville.

The Community Oncology Alliance has been sponsoring this event format for years. The Representative comes to the office and goes through a cancer patient’s experience - checks in at the front desk, waits in the waiting room, roomed by the medical assistant, talks to the doctor about disease treatment and side effects, and then goes back to the chemo room. It was as realistic as we could make it (minus the toxic medications).

This type of event can profoundly affect legislators. Dr. David Eagle was the physician attending to Congressman Garbarino. Dr. Eagle diagnosed Congressman Garbarino (for the event) with Stage III Diffuse large B-Cell lymphoma (DLBCL) and informed him that the treatment plan would include six cycles of R-CHOP, a combination of five drugs that work together to target and kill cancer cells.

They discussed rationale, chances for cure, drugs, side effects, and about second line salvage CAR-T. The congressman asked why we could not do that first line - exactly the type of question we get from real patients. He was clearly in the moment and experiencing what our patients go through. (As an oncologist, pretend cancer is much easier to treat than actual cancer).

Huge congratulations to the whole NYCBS team for participating - particularly Brittany Kaliscik, our director of patient experience who arranged everything and Dr. David Eagle! It was very well done, well received, and highly effective. Representative Garbarino could not have been more kind and gracious from beginning to end.

As a cancer team, we live in our world everyday, but we forget what a mystery it is to others. Furthermore, congressional leaders are inundated with everyone and everything - education, defense, foreign affairs etc. So getting our patients’ experience front and center is a major win!





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1



# THE BROOKLYN CANCER CENTER

A PARTNERSHIP BETWEEN  
THE BROOKLYN HOSPITAL CENTER AND  
NEW YORK CANCER & BLOOD SPECIALISTS



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- 1) State-of-the-art facility bringing the highest quality comprehensive care to Brooklyn residents, close to home!
- 2) World-class physicians, including Dr. Quadri.
- 3) Comfortable and modern exam rooms.
- 4) Spacious and inviting waiting area



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# September is Prostate Cancer Awareness Month

**It is a necessary time to increase awareness and highlight the importance of the second most common cancer in men worldwide—prostate cancer.**

Fortunately, advancements in prostate cancer research have led to promising improvements in treatment possibilities. In recent years, breakthroughs in risk identification, early detection, and targeted treatments and therapies have been helping to provide better outcomes for men with the disease. Genetically associated prostate cancer has been recognized in many cases with a category of mutations involved in DNA repair named Homologous Recombination Repair defects.

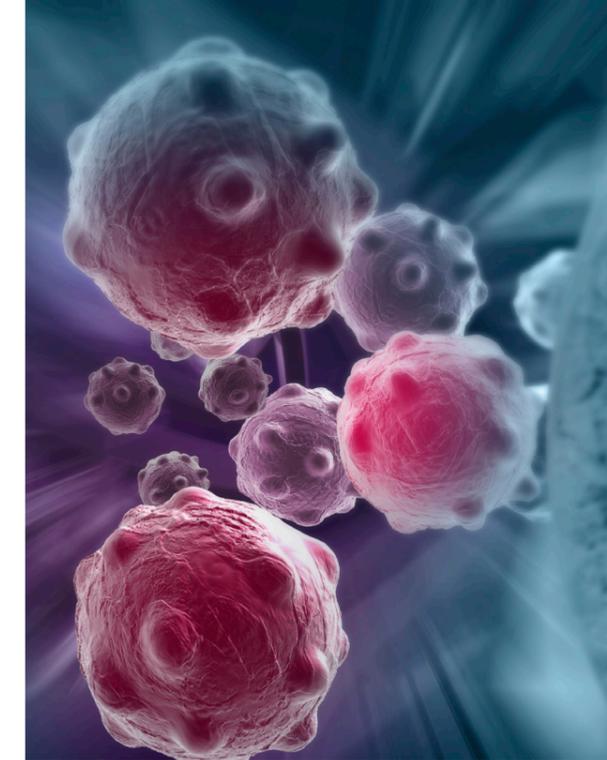
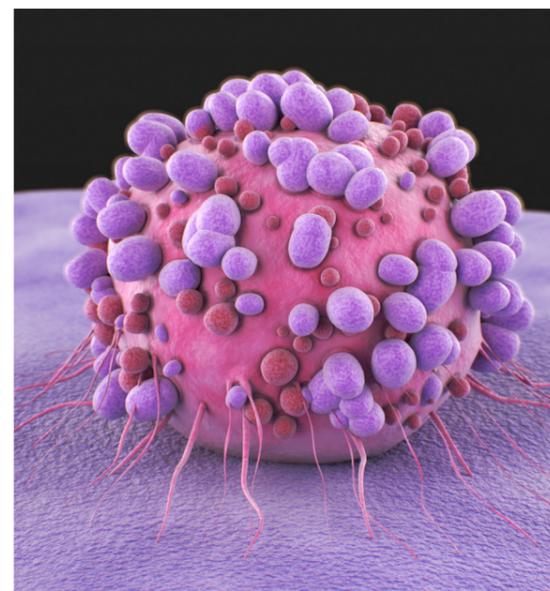
Although most men do not have an underlying gene mutation, men with specific gene mutations in their cancer cells, such as BRCA2, a class of drugs called PARP inhibitors, can target the cancer cells.

Identifying if a patient is a gene carrier can have considerable therapeutic implications and may help patients see long-term benefits when diagnosed and treated early. In addition, Gene signature tests can help predict whether the cancer is less likely to spread or metastasize with the incorporation of anti-androgen therapy.

There are also new updates in terms of novel imaging techniques. Improvements in biopsy techniques, such as magnetic resonance (MR) guided biopsies, have allowed cancers to be more reliably detected. The development of tests that look at the gene profile of prostate cancer cells can help determine the best treatment course for newly diagnosed men. Advancements in imaging are paving the way to more clearly identifying sites of recurrence to deliver more optimal localized therapy.

Amongst the newest prostate cancer imaging and therapy is advanced prostate-specific membrane antigen (PSMA)-based PET scans, which can help doctors accurately assess the extent of disease at diagnosis or recurrence. It also has new therapeutic implications based on a new treatment recently approved by the FDA, named Pluvicto (Lutetium 177), which comprises a radioactive component and a drug component that targets PSMA (a protein seen in many prostate cancer cells).

This is exciting news for efficacy in patients and the future of prostate cancer diagnosis and treatment. The



radiopharmaceutical is indicated to treat PSMA-positive metastatic castration-resistant prostate cancer who have previously received other anticancer therapies. CAR T-cell therapy for prostate cancer is a complex treatment option only available as a clinical trial. In this treatment, immune cells called T cells are removed from the blood and altered in the lab, so they have chimeric antigen receptors (CARs) on their surface.

**The altered T cells are then multiplied in the lab and put back into the patient's blood in hopes of finding the prostate cancer cells in the body and launching a precise immune attack against them.**

We have come a long way in the last decade, and there is undoubtedly more exciting innovation in prostate cancer research for the future of men's health.



# Palliative Care and Prostate Cancer

By MaryAnn Fragola, DNP, ANPC, ACHPN

Patients with prostate cancer are living longer than ever before. Palliative care is especially important in prostate cancer because of this and its progressive nature.

There are many treatment options for localized and advanced prostate cancer, and because of the chronicity and long-term treatments, patients will likely experience adverse effects. It is important to acknowledge some of the common side effects patients experience while trying to maintain a normal life to bring more awareness to Prostate Cancer Month.



Treatment with surgery, hormone therapy, chemotherapy, or radiation can all contribute to a diminished quality of life. However, adding the support of the palliative care team can make a significant difference in symptom management. Therefore, it is important to be aggressive not only in the treatment of your cancer but also in improving your quality of life.

Common prostate cancer side effects can include fatigue, anemia, bone pain, weight loss, hot flashes, difficulty urinating, and diarrhea. Other side effects, such as incontinence and loss of sex drive, can be more difficult to cope with. These adverse effects may impact self-esteem, leading to significant psychological effects such as depression or anxiety for the patient and their loved ones.

Many supportive treatments can minimize or alleviate some of the common sequelae of treatments. The palliative care team will help to discuss the patient's unique situation with their family or caregivers to help ease emotional concerns that may be related to the side effects they are suffering.

One of the most important goals of palliative care is improving the physical symptoms of the cancer itself and addressing possible and potential side effects from ongoing treatments. Recognition of the importance of implementing palliative care in conjunction with prostate cancer diagnosis and treatment and early management of side effects allows patients to live better and focus not only on their diagnosis but also on living a normal life!

# Prostate Cancer

## and the Importance of Avoiding Undertreatment

Prostate cancer, in truth, is an umbrella term ascribed to heterogeneous disease states with varying expected prognosis. An individual who is diagnosed with this disease should be evaluated and managed accordingly based on their age, stage, and grade. Over the years, there has been a growing justified recognition and impetus to avoid overtreatment, particularly for those who present with early stage low grade (ie nonaggressive) disease with the goal that the side effects of treatment should not be worse than the expected morbidity of the disease. On the other side of the pendulum, more recent research is now illustrating clearly that in many circumstances, undertreatment of Prostate cancer can negatively impact the survival of this disease, which can be the most consequential for those with an advanced stage of the disease.

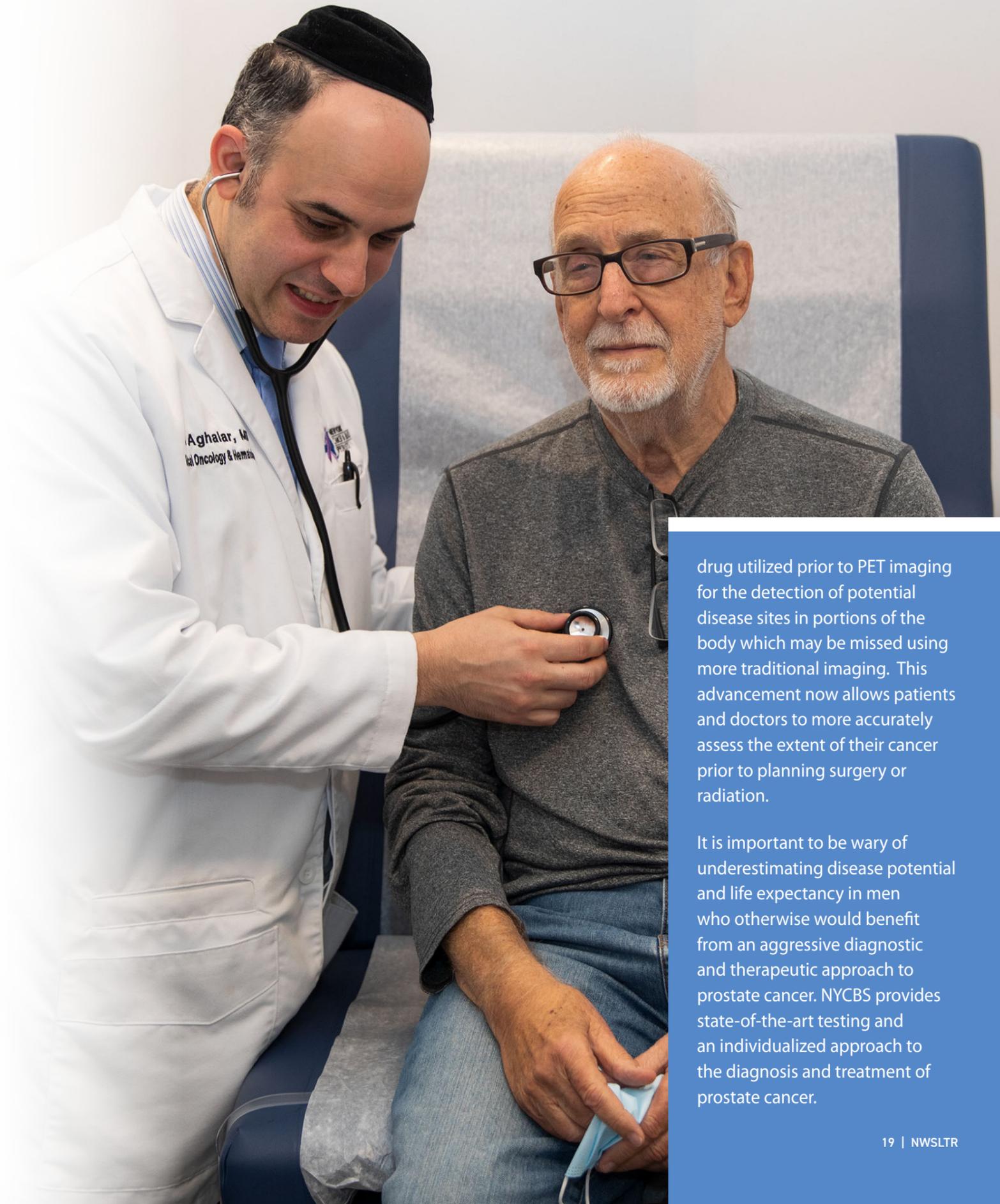
New York Cancer & Blood Specialists' medical oncologist/hematologist, Dr. Jahan Aghalar, discusses the importance of early evaluation with a medical oncologist to conquer the disease. "We can help personalize effective therapies to optimally initially combat prostate cancer, leading to improvements in long-term outcomes," Dr. Aghalar said.

**A necessary first step for newly diagnosed patients is proper assessment and appropriate risk stratification. "For those with advanced stage (i.e. locally advanced or metastatic) prostate cancer, under-treatment, unfortunately, remains too common," he said.**

In particular, for those with metastatic cancer that are still sensitive to traditional hormone therapy (castrate-sensitive prostate cancer), recent research clearly illustrates the life-prolonging benefit of utilizing chemotherapy in addition to hormonal therapy early on. There are also three different novel hormonal agents that have been FDA approved and have been shown to improve survival from the disease when added on to traditional primary hormonal therapy. Your physician can help you go over the pros and cons of each of these options.

Patients should also inquire about genetic sequencing at the time of their diagnosis. Approximately 15% of patients with advanced stage prostate cancer have an important genetic component to their disease affecting the DNA repair mechanisms. This now has significant therapeutic implications as patients who are found to have such defects have an increased chance of significantly benefiting from a class of oral medications named PARP inhibitors. In addition, more extensive analysis using whole-genome sequencing (WGS)-based classification of tumors may be useful to improve the selection of patients for different targeted therapies via ongoing promising clinical trials at NYCBS. Lastly, genetic sequencing can also uncover important hereditary information, which would affect future cancer risk to close relatives who may be harboring the same genetic defect.

The latest FDA approval in the fight against prostate cancer is the FDA approval of Ga 68 PSMA-11, a



drug utilized prior to PET imaging for the detection of potential disease sites in portions of the body which may be missed using more traditional imaging. This advancement now allows patients and doctors to more accurately assess the extent of their cancer prior to planning surgery or radiation.

It is important to be wary of underestimating disease potential and life expectancy in men who otherwise would benefit from an aggressive diagnostic and therapeutic approach to prostate cancer. NYCBS provides state-of-the-art testing and an individualized approach to the diagnosis and treatment of prostate cancer.

# What is Prostate Cancer?

Prostate cancer occurs when cells in the prostate glands grow uncontrollably. The prostate is a walnut-sized gland in the male body, located below the bladder and in front of the rectum. The prostate produces and stores fluid that makes semen.

## What Causes Prostate Cancer?

Prostate cancer is the most common cancer among men in the United States, aside from skin cancer. There is not a clear cause, but there are certain prostate cancer risk factors, including:

- African American - African American men are almost twice as likely to develop the disease than Caucasian men.
- A family history of prostate cancer - Having a family member diagnosed with prostate cancer increases your risk.
- A family history of breast or ovarian cancer - If family members have a BRCA gene mutation, it could leave more at risk.
- Poor diet and obesity - Those that are obese and eat lots of high-fat foods may be at a higher risk for prostate cancer.

## What Are The Symptoms of Prostate Cancer?

Unfortunately, prostate cancer often begins and grows without causing any noticeable symptoms because it is slow-growing. Some prostate cancers can be aggressive and spread to other areas outside the prostate, causing different symptoms and complications. Early detection is critical for successful treatment and a good prognosis.

Some of the signs and symptoms to be on the lookout for when it comes to prostate cancer include:

- Difficulty urinating
- Blood in the urine
- Blood in the semen
- Erectile dysfunction
- Bone pain
- Loss of weight without trying

## How to Prevent Prostate Cancer?

There is no sure way to prevent prostate cancer but there are specific lifestyle changes to help reduce the risk, such as:

- Maintain a healthy weight.
- Eat a nutrient-rich diet of healthy fruits, vegetables, lean meats, and whole grains.
- Exercise regularly throughout the week.
- Speak with your doctor about an increased risk of prostate cancer.
- Speak with your doctor about getting screened for prostate cancer.
- Speak with your doctor if you have any symptoms.



## PSMA PET/CT Scan Improves Prostate Cancer Detection and Treatment

PSMA PET/CT Scans are improving how the extent of prostate cancer spread is detected and treated. The new technology can identify cancer both in and outside the prostate gland. It especially benefits men with recurrence and at risk of metastasis by helping doctors tailor more effective individualized treatment plans.

Prostate cancer is typically first detected through a prostate-specific antigen (PSA) blood test. Traditionally, elevated PSA levels are followed by a prostate biopsy to confirm or rule out cancer. The PSA test is a very good marker for the presence of the cancer, but it can't identify where it is. CT scans and other imaging tests can often appear normal, even when prostate cancer is present outside the prostate gland.

Until now, imaging tests were not sensitive enough to determine if or where the cancer had spread.

The radioactive tracer gallium 68 PSMA is a molecular imaging marker for prostate cancer. It is injected an hour before imaging, binding to PSMA, a protein on the surface of prostate cancer cells. The cancerous cells are then identified as bright spots on the PET scan, revealing their location on an image.

PSMA PET/CT is sensitive imaging, but more importantly, it is specific. So positive tests are nearly almost always a true positive. This allows physicians to act quickly without necessarily needing to perform a prostate or lymph node biopsy.

PSMA PET/CT is not intended to be a screening tool. Instead, it is for those diagnosed with prostate cancer who have a higher chance of it spreading or who have a recurrence, as indicated by a rising PSA level after initial treatment.

This advancement is much closer to the holy grail of precision and personalized medicine and will significantly impact patient decision-making and treatment options.

# NYCBS

## Policy Efforts

By David Eagle, M.D.

Chair of Legislative Affairs and Patient Advocacy

**NYCBS continues to ramp up its political efforts. This week, we had a reminder as to why we do this. The Senate passed a consequential bill that included drug price “negotiations.” Unfortunately, the current language puts oncologists in the middle and risks our future reimbursement. This aspect of the bill will not be implemented until 2026, so we have some time to fight for modifications. The Community Oncology Alliance is all over this issue, and we are a part of this effort.**

### Here are a few other highlights of recent policy efforts:

We are hopeful the Governor will sign the clinical peer review bill that mandates insurance physicians to be licensed in New York state and trained in the area they are reviewing. Dr. Vacirca and I published an op-ed in Newsday on this topic and the broader problems with prior authorizations. Many thanks to our fantastic marketing team for getting this placed.

We have had two recent fundraisers at the new Ridge Office. The first was for Errol Toulon, Sheriff of Suffolk County and husband to our own Tina Toulon. Errol is a truly wonderful man, and it is an honor to support him.

The second was for Senator James Skoufis. Senator Skoufis is a champion of PBM reform and a rising star in the New York state legislature. He is a moderate Democrat who does his homework and knows how to get things done.

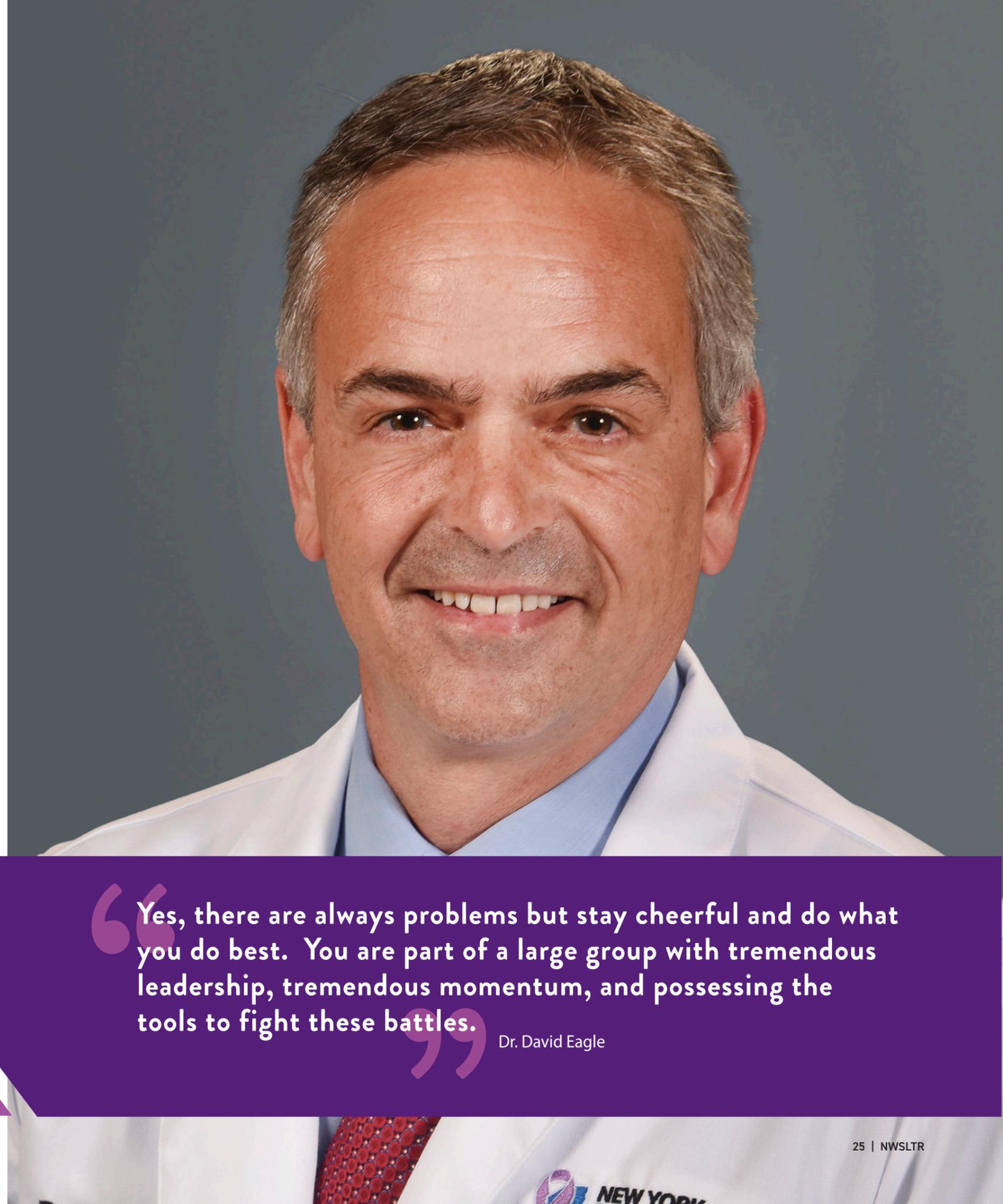
Finally, Dr. David Mangiameli and I made a trip down to Virginia for a fundraiser for Representative Cathy McMorris Rogers and other representatives likely to be on the House Energy and Commerce Committee. This is the House committee that handles healthcare legislation. I think Dr. Mangiameli will tell you that he had a great time and learned a lot.

I welcome everyone from NYCBS to join in the policy activities. This is a team sport - please let me know anything you may be interested in doing.

Unfortunately, dispensing for New York Medicaid has gone from bad to worse. For over a year, New York Medicaid has been telling practices that they will need to individually enroll doctors to continue to dispense oral medications. The problem - New York Medicaid never created the process to enroll.

In a recent unforeseen turn of events, New York Medicaid is now saying practices should just bill oral drugs under the medical benefit. This will not and cannot work. The same state that saw PBMs as such a problem to pass landmark national legislation to regulate them now wants to force vulnerable Medicaid patients into their dispensing pharmacies. You can't make this stuff up. We will be fighting this in multiple ways: lawsuits, coordination with practices, and outreach to politicians and media. An Op-Ed is on the way.

Yes, there are always problems but stay cheerful and do what you do best. You are part of a large group with tremendous leadership, tremendous momentum, and possessing the tools to fight these battles.



“Yes, there are always problems but stay cheerful and do what you do best. You are part of a large group with tremendous leadership, tremendous momentum, and possessing the tools to fight these battles.”

Dr. David Eagle



## Men's Health & Prostate Cancer

The risk of developing prostate cancer increases with age, but that does not mean it only affects older men.

Men should consider screenings beginning at the age of 50. Prostate cancer is the second most common cancer in men worldwide. In addition, African American men and men with a family history (a brother or father with prostate cancer) are 2.5x more likely to develop the disease. They, therefore, should be offered screening at an earlier age.

In recent years, genetically associated prostate cancer has been recognized in many cases with the involvement of a category of mutations in DNA repair named Homologous Recombination Repair defects. Uncovering whether a patient is a carrier of these genes can have significant therapeutic implications. Genetic testing in men with a specific hereditary cancer predisposition syndrome may help patients see long-term benefits if diagnosed and treated early.

Aside from conventional factors for risk stratification (i.e., age, stage, Gleason score, PSA level), in certain circumstances, Gene signature tests can help predict whether the cancer is less likely to spread or metastasize with the incorporation of anti-androgen therapy. Therefore, treatment decisions for a newly diagnosed prostate cancer patient should not take a one-size-fits-all approach.

There are also new updates in terms of novel imaging techniques. Prostate-specific membrane antigen (PSMA)-based PET scans can help doctors accurately assess the extent of disease at diagnosis or recurrence. There are some new therapeutic implications based on a treatment recently approved by the FDA called Pluvicto (Lutetium 177). Pluvicto (Lutetium 177) is exciting news for patients and the future of prostate cancer diagnosis and treatment. This radiopharmaceutical is indicated to treat PSMA-positive metastatic castration-resistant prostate cancer who have previously received other anticancer therapies.

# The Effects of Early Prostate Cancer Treatment and Genetic Testing on Long-Term Health

Prostate cancer patients may see long-term benefits during their cancer care if treated early or with genetic testing.

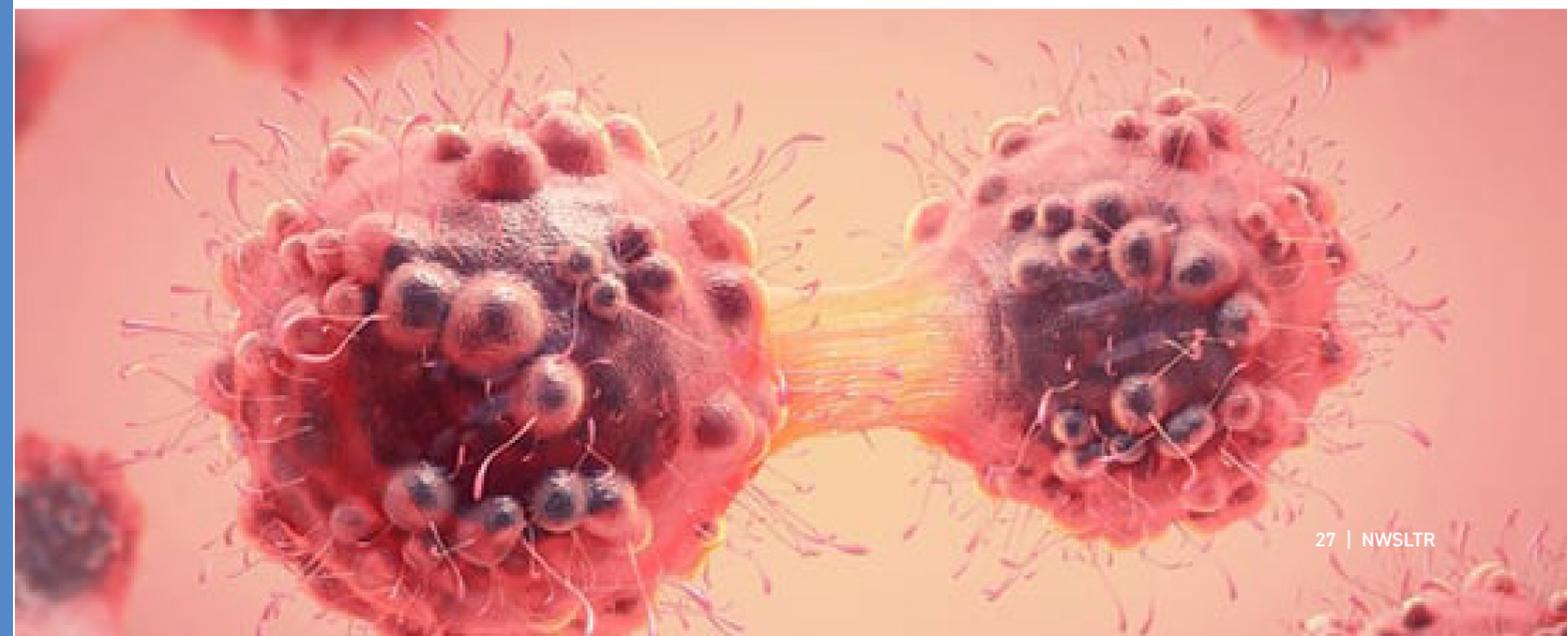
The medical oncologists at New York Cancer & Blood Specialists can be an important part of the care team. They can help make the best-individualized decisions for a given person's particular diagnosis to avoid over-treatment, minimize the risks of long-term complications such as incontinence or erectile dysfunction, maintain good health, and manage side effects.

The latest research in prostate cancer indicates that in many circumstances, utilizing newer drugs that traditionally have been used in end-stage prostate cancer earlier at the time of diagnosis improves the overall quality of life and, ultimately, survival from cancer.

In recent years, genetically associated prostate cancer has also been recognized in many cases with the involvement of a category of alterations in the DNA named Homologous Recombination-Related Gene Mutations. This information has a significant impact on the later stages of the disease. Uncovering whether a patient is a carrier of one of these genes can have significant therapeutic implications.

Genes often associated with prostate cancer also put people at risk for higher incidences of pancreatic cancer, breast cancer, and ovarian cancer. Sometimes the therapies men undergo for prostate cancer can have deleterious effects on their heart health. Therefore, following a heart-healthy regimen that includes avoiding high fatty foods and regular exercise can be beneficial.

The right partner helps design treatment with the idea that prostate cancer should not limit a patient's life expectancy while maintaining the preservation of quality of life as a priority. The type of cancer, the patient's age, and comorbidities play an essential role in treatment planning. In addition to diagnosis, treatment, and the ability to offer genetic screenings, NYCBS provides integrated care teams and on-site services to support patients' healthcare needs.





# WELLNESS

# Prostate Cancer ●●●●● Survivors

●●●●● Should Include Dietary Lycopene

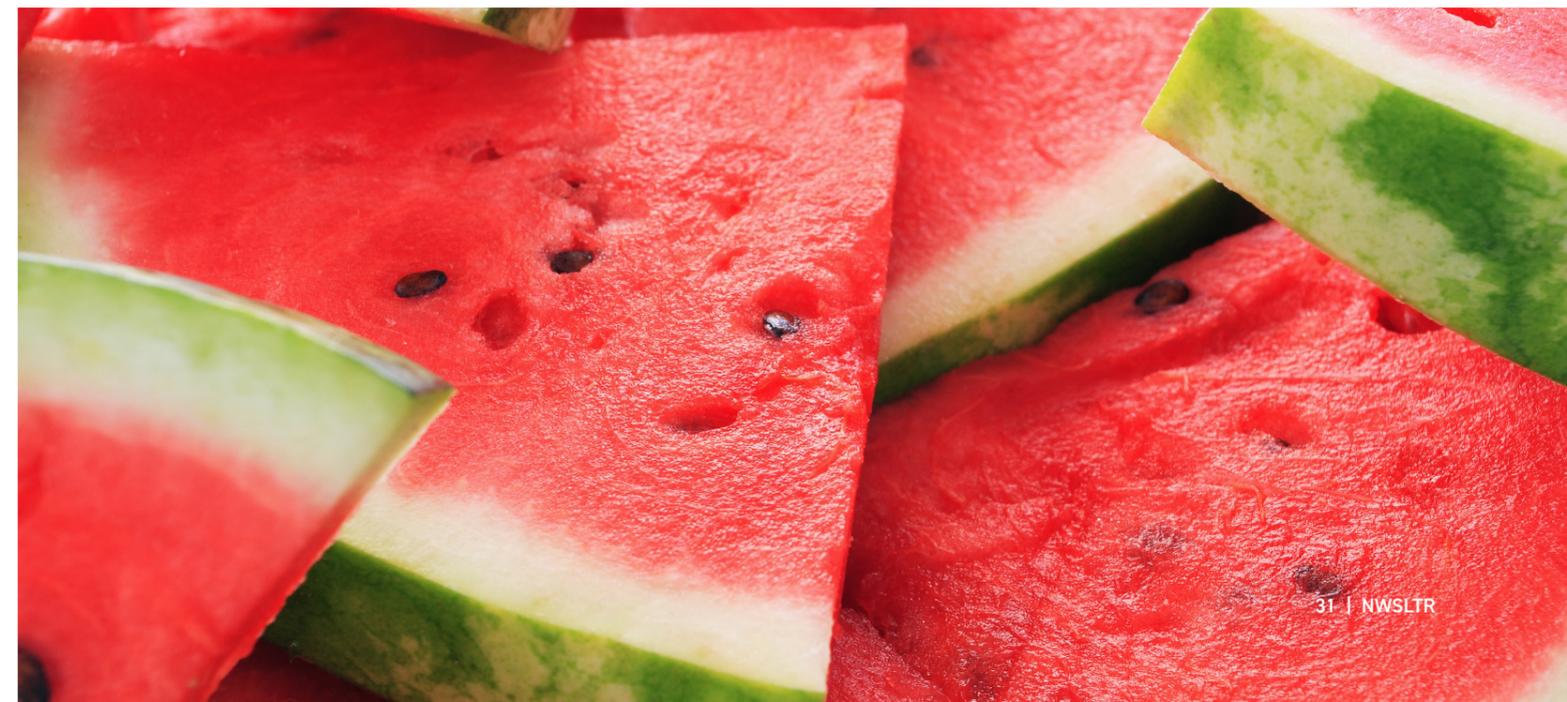
Did you know that the phytochemical lycopene may be helpful to include in the diets of those with prostate cancer? Lycopene has antioxidant activity and helps your body fight damaging free radicals, which is associated with decreased risk for some cancers, including prostate cancer.

Although there is no specific recommendation, the general recommendation is to include lycopene (from food) daily. Lycopene is the main pigment in red fruits and vegetables, such as tomatoes, watermelon, and guava.

The tomato is also a nutritional powerhouse. It's packed with vitamins C, A, and K. When tomatoes are heated or processed (canned, marinara, salsa), the cell walls of the tomato are broken down, allowing the lycopene to be more available for your body to absorb. In other words, it becomes even more nutritious and a more powerful cancer fighter.



When consuming lycopene-rich fruits and vegetables, consume heart-healthy fats such as olive oil, avocado, or nuts. The fat from these sources will further the absorption potential of the lycopene and the vitamins—it's a great justification for enjoying pizza, chips, and salsa!



# Patient Celebration Day

Our favorite day has arrived—Patient Celebration Day!

Join us on **Saturday, September 24th, from 12-4 pm at Bald Hill Amphitheater at 1 Ski Run Lane in Farmingville.**

Attendees will enjoy family-friendly activities, including carnival games, a tie-dye station, raffles, catering from Felico's, and an area dedicated to Working Paws Training, a dog training and adoption center. The event will also have a pop-up store where patients can find low-priced clothes, shoes, and children's items.

The celebration for patients, caregivers, and their families is expected to have over 1,500 people attending this special event this year. NYCBS will support this event, placing no burden on patients and caregivers. Any support remaining from this event will be donated directly to the New York Cancer Foundation to continue to help all patients in need.

The New York Cancer Foundation is a 501 (c)(3) organization that offers financial assistance to patients in the Greater New York Metro Area with cancer diagnoses. Our foundation strives to relieve qualified patients of financial stressors of day-to-day living expenses, including rent/mortgage payments and utility payments.

We can't wait to see you there!



# Kudos to the Riverhead & Research Teams!

BiTE therapy, a class of artificial monoclonal antibodies, is one of the most cutting-edge and promising new therapeutic approaches to cancer treatment. Only one has FDA approval, but several BiTEs are currently in phase 1 and 2 clinical trials to assess their efficacy and safety. The NYCBS Research Department recently opened such a trial, one of only a handful of sites chosen to participate in the U.S. On 8/17, the first patient to enroll in this study received their first dose of an experimental BiTE. Clinical trials can be very complicated, and with this experimental drug, there can be serious side effects that require patients to have particularly attentive care during the administration of the drug and throughout their participation, which in this trial will last just over a year. Having a patient participate in a trial such as this requires immense teamwork between physicians, infusion nurses, and research coordinators.

**Special acknowledgment to those involved with this patient's first study visit goes out to:**

- Stephanie Sorrentino, RN (Nursing)
- Lauren Coolbaugh, LPN (Research)
- Shannon Pendergast, LPN (Research)
- Megan Stahl, LPN (Research)
- Laura Brady, LPN (Research)
- Jessica Nemeth, BS (Research)
- Olivia Horan, BS (Research)
- Griffin Segal, BS

*Advances in cancer care are impossible without the patients who participate in research such as this, so our biggest thanks go out to the patient who agreed to participate in this study.*

## What are clinical trials?

*Clinical trials are part of clinical research and at the heart of all medical advances. Clinical trials look at new ways to prevent, detect, or treat disease.*

## Clinical trials can study:

- New drugs or new combinations of drugs
- New ways of doing surgery
- New medical devices
- New ways to use existing treatments
- New ways to improve the quality of life for people with acute or chronic illnesses.

## Why would I want to take part in a clinical trial?

*The goal of clinical trials is to determine if new prevention, detection, or treatments are safe and effective. People take part in clinical trials for many reasons. Healthy volunteers say they take part to help others and to contribute to moving science forward. People with an illness or disease also take part to help others, but also to possibly receive the newest treatment and to have added (or extra) care and attention from the clinical trial staff. Clinical trials offer hope for many people and a chance to help researchers find better treatments for others in the future.*

**If you'd like to learn more about the clinical trials being conducted at NYCBS, please call 631.675.5075.**



View Available Clinical Trials?



### Congratulations to the Service Excellence Champions of Quarter 2 2022! Bay Shore Medical Oncology and Ronkonkoma New York Health



We recognize these teams' hard work and dedication to providing an exceptional patient experience. They have consistently demonstrated service excellence standards while creating a warm and welcoming environment for our patients. We asked our patients the following questions on the post-visit patient satisfaction survey:

1. Were you greeted at the front desk (Y/N)
2. Did clinical staff introduce themselves (Y/N)

While many of our practices received positive feedback, these two practices received the highest combined scores across the organization. Thank you to all of our team members that strive for excellence daily, as we continue to conquer cancer together.

## September 19th - 23rd Malnutrition Awareness Week

Did you know that many cancer patients are at risk for malnutrition even before their first oncology visit? New York Cancer & Blood Specialists once again partnered with Abbott Nutrition to drive awareness about malnutrition and its risk to all patients, especially those with cancer. Malnutrition can be present in any patient, regardless of their weight and cancer diagnosis, and is associated with negative health outcomes such as muscle loss, poor response to treatment, medical complications, treatment toxicity, and reduced quality of life. Early detection of malnutrition and effective nutrition interventions, such as the use of ONS (oral nutrition supplements), can help stop, lessen, and even reverse malnutrition.

# Nutrition Update



Our Healthy Eating During Cancer Treatment program was conducted in English and Spanish in our Bayside location on Thursday, August 4th. It was a huge success, and other sites are asking for similar programs! The nutrition team sincerely thanks everyone who helped us put this program together, especially Denisse Sanchez, Betsy Segovia, and Sydonnae Gapour. It takes a village!



The nutrition team participated in an in-service by the Director of Medical Education of Entrinsic Bioscience to learn more about their product Enterade.

We are thrilled for our team member Lauren, who gave birth to a beautiful baby girl, Layla, on August 14th.

Would you like to collaborate with our team? What are your ideas? Does your site need any type of nutritional support? Reach out to me anytime at [wkaplan@nycancer.com](mailto:wkaplan@nycancer.com).

## NYCBS Patient Community Meeting

*Coming Together to Inspire, Share, Learn & Support Throughout Your Cancer Journey*

### \*Learn about New York Cancer Foundation\*

The New York Cancer Foundation is an organization that offers financial assistance grants for non-medical expenses to qualifying patients who are under care for a cancer diagnosis in the Greater Metro Area. The Foundation strives to relieve some of the financial burden patients face so they may focus on their treatment and healing.

**Special Guest:** Tina Toulon, Executive Director

**Where:** NYCBS 49 Nesconset Hwy, Port Jefferson Station, Waiting Room

**When:** Wednesday, September 21 st @ 6 PM

*Light Refreshments Served and as always: Caregivers Welcome!*

## Living With Loss Support Group

Finding people to support you is perhaps the most important thing you can do after losing someone you love. NYCBS is looking to start an 8-week support group program for those grieving the loss of a loved one.

Our Living With Loss Support Groups are for family members, friends, or caregivers who have lost a loved one to cancer. The group is guided by a licensed psychologist and offers members an opportunity to navigate the tasks of grieving while gaining strength and hope.

Registration is required and is taking place now for the next session. Meetings will be closed to those registered. Please email Dr. Schomber at [Jschomber@nycancer.com](mailto:Jschomber@nycancer.com) for more information.

## The Buddy System Program

The Buddy System Program pairs up newly diagnosed cancer patients with volunteers who are NYCBS cancer survivors. A buddy is matched with a patient with the same type of cancer. Then by phone, the buddy and the patient connect, allowing the patient an open and safe forum to share what they think and feel with someone who understands cancer from the inside, as few can.

It is rare that a patient can speak with a peer directly and honestly about their specific type of cancer and have the other person completely understand what they are going through. This program provides our patients with emotional healing, which is extremely important when dealing with cancer.

Through this relationship, you get one-on-one support throughout your cancer treatment. The Buddy System facilitates a dialog for the emotional healing patients also need in addition to the medical care.

A patient seeking a buddy can email Dr. Schomber at [Jschomber@nycancer.com](mailto:Jschomber@nycancer.com) or

[Dkearn@nycancer.com](mailto:Dkearn@nycancer.com) for more information.

# NEW HIRES

**Adolfo Lopez** (Receptionist)

**Alexa Castillo** (Receptionist)

**Ambar Chavez** (Pharmacy Tech)

**Amelia Stoddard** (Lab MA)

**Ashley Burns** (LPN)

**Bella Sebestyen** (Operator)

**Brittany Ciattei** (MA)

**Brittany DiSisto** (RN)

**Brianna Sagginario** (Pharmacy Authorization)

**Caitlyn Schook** (Intake LPN)

**Cathy Gaspard** (Lab Tech)

**Christie Cotty** (PA)

**Christopher McCabe** (HDR Transporter)

**Cinthia Bonilla** (Receptionist)

**Daiana Ferreira** (Receptionist)

**Denisha Castillo** (Receptionist)

**Dillon Score** (Project Coordinator)

**Erick Salomon** (IT Technician)

**Gisellis Orantes** (NP)

**Guy Bigelow** (Lab Tech)

**Heather Branen** (RN)

**Jabari Guerra** (Lab technician)

**Jasmine Rooks** (MA)

**Jennifer Solis** (Lab MA)

**Jodi Ronquillo** (PA)

**Julia Luerssen** (MA)

**Kaela Bresnan** (Receptionist)

**Kaudy Aragon** (Operator)

**Kiani Thomason** (Lab MA)

**Kyanna Bryant** (Operator)

**Lakeyia Nixon** (Operator)

**Laurel Gallo** (Lab MA)

**Lena Foster** (Receptionist)

**Lindsay Smith** (Receptionist)

**Maria Gomez** (MA)

**Marleny Mendoza** (Lab MA)

**Meagan Manning** (Operator)

**Megan McAlpine** (PACS Administrator)

**Melany Espana** (Float Receptionist)

**Melody Lebron** (LPN)

**Michael Taub** (Corporate Controller)

**Michele Cruz** (Care Coordinator)

**Nacara Turpin** (New Patient Coordinator)

**Nashawna Clarke** (Lab MA)

**Nina Hadeef** (RN)

**Pilar Toledo** (Receptionist)

**Quintin Isaac** (Receptionist)

**Rachel Hargrove-Smith** (Lab MA)

**Randall Davis** (Medical Courier)

**Ruth Barajas** (Receptionist)

**Saliha Hassan** (LPN)

**Samantha Burgoa** (Operator)

**Samantha Tysowski** (Intake LPN)

**Shawana Zamor** (Intake LPN)

**Srimatie Rajkumar** (RN)

**Tara Leath** (Scribe-MA)

**Tariana DeGraffe-Crudupt** (Operator)

**Tina Gruber** (Billing Collections)

**Tenisha Mcpherson** (Lab MA)

**Zoe White** (Receptionist)

# Breast Cancer Group

Based on remarkable patient feedback, we've decided to implement a Breast Cancer Monthly Group. As always, our goal is to help patients navigate and cope with the emotions of cancer diagnosis and provide resources to empower them.

The Breast Cancer Monthly Group facilitated by Dr. Janaya Raynor, Wendy Kaplan, RDN, and Dr. Yelda Nouri will be held every second Wednesday of each month at our Lake Success office from 6-7 pm.

This group will discuss the importance of looking at the big picture, focusing largely on various strategies for understanding and utilizing practical information and nutrition material in practical ways. Social connectedness is a key component for thriving, so we hope this will help fulfill the need for emotional and peer support while creating meaningful connections.

The kickoff meeting will be Wednesday, October 12th, at 6:00 pm. Although the Breast Cancer Monthly Group is based in our Lake Success office, all are welcome to attend.

Please share this exciting event with your patients.

Any questions can be directed to [nutrition@nycancer.com](mailto:nutrition@nycancer.com).

# CAREER OPPORTUNITIES

## REGISTERED NURSES (BSN/RN's)

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## STAFF HEMATOLOGIST/MEDICAL ONCOLOGIST

Contact: Eric Jackson  
[careers@nycancer.com](mailto:careers@nycancer.com)

## IMPLEMENTATION SPECIALIST, LPN

**Port Jefferson Medical Oncology**  
Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## LICENSED PRACTICAL NURSES (LPN'S)

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## TRIAGE REGISTERED NURSE (HYBRID)

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## LICENSED CLINICAL SOCIAL WORKER- QUEENS/BRONX

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## SMITHTOWN MEDICAL ONCOLOGY, RONKONKOMA MEDICAL ONCOLOGY

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## HEAD NURSE, RN/BSN

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## RADIOLOGIST

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## HEMATOLOGIST/ONCOLOGISTS

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## CHEMOTHERAPY PHARMACY TECHNICIANS

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## POST DOC PSYCHOLOGIST

Contact: Robert Nicoletti  
[jschomber@nycancer.com](mailto:jschomber@nycancer.com)

## FRONT DESK SUPERVISOR- BRONX EASTCHESTER BREAST CENTER

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## NURSE PRACTITIONER (NP) / PHYSICIAN ASSISTANT (PA)

**CENTRAL PARK MEDICAL ONCOLOGY,  
BAYSIDE MEDICAL ONCOLOGY**

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## MEDICAL FRONT DESK RECEPTIONIST

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## UNIT COORDINATOR

**Port Jefferson Station Medical Oncology**

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)

## CLINICAL DEVELOPMENT AND TRAINING SPECIALIST

Contact: Robert Nicoletti  
[careers@nycancer.com](mailto:careers@nycancer.com)



# OUR PATIENTS & THEIR FAMILIES

Our patients and their families tell the story of conquering cancer like no other. They help us connect, inspire, and empower. If you know a patient or have a family member who would like to make an impact and share their experience with us, please have them contact [marketing@nycancer.com](mailto:marketing@nycancer.com).