



# CRAAB!

Empowering People Affected by Breast Cancer!

Vol. 16, No. 1 • Winter/Spring 2014

## Concerned about Fracking, Part II: Water Pollution, Radiation, & Drought

by Margaret Roberts, CRAAB! Board member

*Because of many recent reports about the further dangers of fracking, our next issue will run a third article in this series entitled “Fracking: Earthquakes & Endocrine Disrupting Chemicals.”*

On January 8th, CRAAB! member Kim Baker and I attended an anti-fracking rally on the concourse of the Empire State Plaza, near the Convention Center where hundreds of law-makers and government officials convened to hear Governor Cuomo’s State of the State address. Most also heard the boisterous and persistent voices of thousands of fracking opponents, some of whom represented more than 100 organizations and businesses from all regions of the state.

It was an exciting and, at times, very moving rally, one much larger than organizers had predicted. Public opinion polls now show that the majority of New Yorkers are opposed to high volume hydraulic fracturing (HVHF), probably due to continual news about accidents, water and air pollution, and links to earthquakes and illnesses in people who live near drill sites. Another major concern, gaining widespread acceptance, is the fact that methane is a potent greenhouse gas that will accelerate climate change that can lead to more catastrophic storms, droughts, and wildfires. We hope that Governor Cuomo and his administration are cognizant of these facts and reports.

### Studies Expected to Influence NYS DOH

- The US EPA study of potential impacts of HVHF on drinking water resources was commissioned by Congress and includes 18 research related projects. This study’s progress report lists over 1,000 chemicals associated with HVHF processes. A draft final report is expected sometime in 2014.
- The Geisinger Health Systems study. Geisinger, which cares for many patients in Pennsylvania areas where shale gas is being developed, is undertaking studies to analyze health records for asthma and other respiratory diseases, accidents and injuries, as well as birth outcomes.
- The University of Pennsylvania study. UPenn’s “Center of Excellence in Environmental Toxicology” will collaborate with scientists from Columbia, Johns Hopkins and the University of North Carolina to investigate and analyze reports of nausea, headaches, breathing difficulties and other ills from people who live near gas drilling sites, compressor stations and wastewater pits. They’ll also study the toxicity of “flowback” water, air quality and the effects of diesel exhaust.

### Who will make the decision?

In 2012, the Governor and DEC Commissioner Joseph Martens stated that any decisions about permitting HVHF in the Marcellus Shale regions of NYS will depend on the results of health impact studies and a health assessment review by the DOH which has contracted with 3 scientists who are reviewing undisclosed research studies and reports. In February, 2013, DOH Commissioner Nirav R. Shah, M.D., M.P.H. sent a letter to Mr. Martens saying that the DOH will need

*(continued on page 12)*



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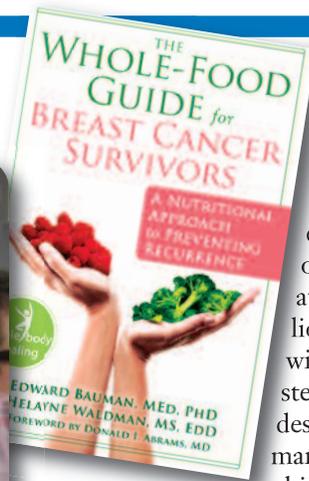


# Book Review

## The Whole-Food Guide for Breast Cancer Survivors

By Edward Bauman, MEd, PhD, (president and founder of Bauman College: Holistic Nutrition and Culinary Arts) and Helayne Waldman, MS, EdD, (holistic nutrition educator)

Reviewed by Brenda Ginardi, CRAAB! Board member



One of a breast cancer survivor's greatest fears is that the disease will recur, and most of the rest of us dread to even think of the possibility of a first cancer diagnosis. This book gives some concrete ways one can cut down on the odds of a possible recurrence of breast cancer as well as some measures that may help one to avoid the disease entirely. It contains information about how our diets and lifestyles can create the "terrain" (p. 15) in which cancer thrives, so it follows that if one changes diet and lifestyle, it can reduce the chance of contracting the disease. Except for the sections about female hormones and breast cancer, the diet and lifestyle modifications described could improve the chances of both men and women to avoid almost any type of cancer. Acknowledging that no one can control all relevant factors, whether genetic or environmental, contributing to one's health doesn't mean that we should throw up our hands and passively accept our fate. The authors describe both long known and newly recognized risk factors for disease and some ways we can minimize their impacts on the personal health of ourselves and our families.

### Diet harms and heals

It is well accepted that the typical Western diet, which includes large quantities of processed and sugar laden foods, has contributed to our country's high incidence of obesity, diabetes, heart disease and cancer. The main message of this book is that it's never too late to positively change life habits, and diet is one change that can be made as gradually or as swiftly as one wishes. Prominently featured in this book is the discussion of some nutritional properties of the foods which help fight the cellular damage from this kind of diet. In fact, the authors describe a whole new diet called Eating for Health (E4H) that focuses on whole foods including abundant organic fruits and vegetables, complex carbohydrates and small amounts of protein (meat, fish and eggs) raised organically. The chapters which address this are Chapter 3 - Eating for Health Foundational Plan (p.26) and Chapter 5 - Nutrient Sufficiencies and Efficiencies (p. 56) which includes a discussion of those vitamins, e.g., Vitamin D (p. 61) and minerals, e.g., zinc, (p. 67) of greatest benefit to the overall wellness and repair of our cells, as well as those with the potential to harm in too high doses, e.g., iron (p. 69).

At all times, when suggesting certain foods and even the

judicious use of certain food-based supplements (p. 74) to rev up and enhance our immune system, especially our cancer-fighting ability, these authors recommend consulting with a licensed dietician or a doctor familiar with one's condition rather than taking steps on one's own. Additionally, they describe a variety of diagnostic tools, many of which are simple blood tests, which can be given to assess one's

nutritional needs. They emphasize that each person's body chemistry is unique and so she needs particular nutrients to enhance her disease-fighting abilities. For this reason and because multivitamins don't include the essential trace minerals present in whole foods, the authors don't recommend taking them as an insurance policy against a poor or imbalanced diet.

### Environmental risks we control

Numerous books warn of the environmental dangers in our world that contribute to many types of cancer, breast cancer being only one; a partial list of these risks includes exposure to carcinogenic chemicals in our cosmetics, personal care products and cleaning products as well as the *Bisphenol A* (BPA) in many of our plastic containers and water bottles. But the authors of this book also suggest ways to avoid, diminish and even eliminate such exposures to cancer causing agents by eliminating them from our beauty regimens and households; they also offer healthy, natural alternatives to carcinogenic commercial products. Although touched upon in other chapters, Chapter 4 - Avoidable Exposures (p.41) most focuses on helping us to rethink our use of such products. Also included as an "avoidable exposure" is our use of pesticides, which can be a danger to us as well as other living things. A most helpful inclusion in this chapter is the website addresses for agencies which can steer us to safe products.

### User-friendly features in abundance

The term "user friendly" is over employed these days, but it applies very well to this book for several reasons.

- First of all, throughout the book the writers explain some complicated scientific information in terms a layman can understand, especially as regards the delicate, subtle influences of nutrients on our body systems and disease resistance with an emphasis on fighting breast cancer.
- Also, the book contains a long list of ways one can increase the number of vegetables and fruits in the diet to the optimum of eight+ servings a day (in Appendix A, p.164) as well as mostly vegan recipes and items to keep on hand in the pantry (in Appendix B, p.171).
- Each chapter of the book is structured as follows: an introductory quotation (from the likes of Louis Pasteur

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# Director's Desk

by Debbie Marchesini,  
CRAAB! Executive Director

After a very cold and blustery winter, spring is finally in the air, and I'm so grateful, though the winter was a productive if cold time with the Pink Zone Game and various community events. To mention one, in February, I attended a roundtable program for the Capital District Oncology Nursing Society. I was able to connect with a large group of Oncology nurses in our area and tell them about the programs and services CRAAB! offers to breast cancer patients and survivors. It was a great opportunity to reach out to the nurses who are on the "front lines" for cancer patients, and teach them about some of the support services that we have available to their patients. The nurses were able to ask questions about CRAAB! and gather information about us that they can pass along to patients who they feel can benefit from our programs.

## A sure sign of Spring!

Our "Walking for Wellness" group is about to begin their season at The Crossings of Colonie Town Park on Tuesday evenings, and our winter session of exercise classes is coming to a close. All of this tells me that it's time to start planning for our various sporting event fundraisers that take place during the spring and summer months. I hope you are able to attend one (or all!) of our fun-filled activities.

## Play with or cheer for your friends!

Once again, the Voorheesville Rod & Gun Club is hosting the "Take Aim At Breast Cancer" on May 3. Participants from novice to expert level are all invited for a day of food, raffles, prizes and fun. Each year, this event attracts more and more new participants, as previous years' contestants spread the word about the excitement of learning what it takes to excel at this sport.

## Book Review

*(continued from previous page)*

and Rachel Carson), titled discussions, and conclusion with a "Last Word" by a breast cancer survivor.

- Most chapters also include a "To Do" list which contain concrete suggestions for utilizing in one's own life the information in that chapter.

All of these features make this book accessible and useful as a reference book whether one is trying to maintain good health, is hoping to avoid recurrence of illness, or is currently being treated for breast or some other form of cancer. I highly recommend it.



This year's "Take a Swing at Breast Cancer" golf tournament will be held on June 30 at the Fairways of Halfmoon Golf Course. The fee for individual participants is \$125 and teams of 4 are \$500. This event continues to grow, so contact Janet Hotis at the CRAAB! office to register a team, or to find others to form a foursome. There will be snacks, prizes and a buffet dinner to end the day.

Our "Action Against Cancer" Tennis Day will be held in July (date TBA) at the Albany Tennis Club at Ridgefield Park. Tennis players of every level are invited to participate. A local tennis pro will be giving tips on how to improve your game, and CRAAB volunteers will be there with snacks and raffle prizes.

To join the Walking for Wellness group, or to register for any of our sports fundraisers, please contact CRAAB! at 435-1055.

## Have a healthy and fun workout!

On another note: This winter, we welcomed two new classes to the CRAAB! schedule – a twice-weekly yoga class and a Vegan cooking class that have been staples at the American Cancer Society Hope Club in Latham. Due to changes within the ACS, these classes were in need of a new host as of January 2014. **The participants from these two classes are committed to their continuation, and they have made their own personal donations to help fund them in the hope that the classes can carry on throughout 2014 - and beyond.**

Those of you who have participated in one of our exercise classes know that these programs aren't just about physical health but also provide personal support and camaraderie. We understand this, and are doing all that we can to maintain our current level of services and programs.

You're the best!!

**Thank you to everyone who answered our Membership Appeal this past Fall — your support is truly appreciated and helps us continue offering services to survivors in our communities.**

**We can't do it without YOU!** 

## WALKING FOR WELLNESS

Led by Joan Sheehan



Make regular walking a part of your healthy lifestyle!

**Tuesday evenings, beginning April 29th**

and continuing through the summer months.

*Participants will gather near the playground at 5:30pm and will walk for 45 minutes (approximately 2-3 miles).*

The Crossings of Colonie Town Park  
580 Albany-Shaker Road, Loudonville

# Book Review

## Winter Morning Walks: one hundred postcards to Jim Harrison

By Ted Kooser

(Pittsburgh, PA: Carnegie Mellon University Press, 2000)

Reviewed by Bonnie Spanier, in Traverse City, Michigan

Recovering from cancer surgery and radiation treatment, Ted Kooser, who had received a Pulitzer Prize and served as Poet Laureate of the United States, walked in the autumn mornings before dawn, since his doctor had told him to exercise but to avoid the sun. He had become very depressed the summer before as a result of his disease and treatments and had even abandoned his usual practices of daily writing and extensive reading.

Walking two miles near his Nebraska country home each morning, with the advent of cold weather, he found himself inspired again to write. For 100 days, he pasted his new day's poem onto a postcard and mailed it to Jim Harrison, an old friend and noted Michigander poet.

Most of these poems describe the rural countryside. Only a few refer directly to his illness and recovery. I found this slim book soothing and accessible, and it even nurtured the idea that I, too, could try my hand at poetic reflections. I chose these Kooser postcards to share with CRAAB! readers.



december 22, 2013

Clear and cool.

*Walking in darkness, in awe,  
beneath a billion indifferent stars  
at quarter to six in the morning,  
the moon already down  
and gone, but keeping a pale lamp burning  
at the edge of the west,  
my shoes too loud in the gravel  
that, faintly lit, looks to be little more  
than a contrail of vapor,  
so thin, so insubstantial it could,  
on a whim, let me drop through it  
and out of the day,  
but I have taught myself to place one foot ahead of the other  
in noisy confidence  
as if each morning might be trusted,  
as if the sounds I make might buoy me up.*

november 28

Chilly and clear.

*There was a time  
when my long gray cashmere topcoat  
was cigarette smoke,  
and my snappy felt homburg  
was alcohol,  
and the paisley silk scarf at my neck,  
with its fringed end  
tossed carelessly over my shoulder,  
was laughter rich with irony.  
Look at me now.*

december 3

Clear and cool

*I have been sitting here resting  
after my morning stroll, and the sun  
in its soft yellow work gloves  
has come in through the window  
and is feeling around on the opposite wall,  
looking for me, having seen me  
cheerfully walking along the road  
just as it rose, having followed me home  
to see what I have to be happy about.*

march 18

Gusty and warm.

*I saw the season's first bluebird  
this morning, one month ahead  
of its scheduled arrival. Lucky I am  
to go off to my cancer appointment  
having been given a bluebird, and,  
for a lifetime, having been given  
this world.*

march 20

The vernal equinox

*How important it must be  
to someone  
that I am alive, and walking,  
and that I have written  
these poems.  
This morning the sun stood  
right at the end of the road  
and waited for me.*



# President's Corner

by Diana Sponable

We at CRAAB! have many to thank for another successful Pink Zone event! Of course we are so grateful to Siena College, for hosting the event and honoring survivors in such a meaningful way. Once again, our community sponsors and our members have shown generous support to CRAAB! and the event which serves as our biggest fundraiser. But there is an important group which often goes unacknowledged for their efforts – the CRAAB! board and staff.

These women work tirelessly to make this event, and all CRAAB! events, the very best they can be. Their knowledge and dedication to the CRAAB! mission is inspiring, and infectious! They most definitely enjoy this work, and are wonderful to work with, but they also take this work very seriously. They've spent countless hours in planning meetings, soliciting donors, coordinating all the "minor" details that make our events appear effortless. We are so fortunate to have devoted women committed to our group and to women's health issues.

As our fiscal year come to an end, so does the term of three of our board members. All three of the women are long term (decades!) breast cancer survivors and serve as an inspiration to those of us still in the single digits of survivorship. Each has embraced her life by bringing to light issues that are important to her and in doing so has enriched CRAAB!.

Professor Emeriti of Linguistics and Women's Studies and a former Dean of the College of Humanities and Fine Arts at the University at Albany, SUNY, **Francine Frank**, has served on the CRAAB! Board since 2004. She represented CRAAB! at NYSBCN Advocacy Days, assisted with expertly proofreading our newsletter and grant applications, while volunteering at countless CRAAB! events. She participates in numerous organizations in and around the Capital District and serves on a number of other Boards. We were very fortunate to have access to her wisdom and guidance over the past 10 years

**Brenda Ginardi**, a retired high school English teacher, has also served on the board since 2004. She finds time to volunteer at her church as secretary of the ARC (Amity Reformed Church) Angels and is a member of an organized book club. As a member of the Board, Brenda has specialized in clear and informative book reviews for the newsletter, often taking on the "tough" topics. She could always be relied upon to catch grammatical and stylistic errors before

publication for the newsletter. Brenda has staffed CRAAB 's information tables at many events and has participated enthusiastically in our fund raisers.

**Wanda Burch** also joined the Board in 2004, the year her book *She Who Dreams* outlining her discovery, treatment, and recovery from breast cancer was published. She has been a presenter at CRAAB! events, and co—leads, with Creative Healing Connections, the Adirondack Arts and Healing Retreats for survivors of chronic illness. Over the past decade as a peer reviewer on panels with scientists and medical professionals that evaluate grant proposals for the US DOD, she has been invited to attend 3 Era of Hope Conferences at which results of these projects were discussed. The expertise brought back to CRAAB! has been invaluable.

**I have no doubt that Wanda, Francine and Brenda will continue their association with CRAAB! and our members in new and exciting ways. I thank them and the full board and staff for your hard work and dedication to the community we serve.** 

## CRAAB! OFFICERS and EXECUTIVE BOARD MEMBERS for 2013-2014

President .....	Diana Sponable
Vice President .....	Joan Sheehan
Secretary .....	Michelle Ray
Treasurer.....	Sally Heritage
Board Members .....	Marri Aviza, Wanda Burch, Francine Frank, Brenda Ginardi, Nancy Guest, Janet Hotis, Amy Jones, Claudia Longo, Margaret Roberts

### Staff:

Executive Director .....	Deb Marchesini
Newsletter Editor .....	Cara Anaam
Outreach/Program Coordinator.....	Kelly Fahey

# RECENT RESEARCH

Capital Region Action Against Breast Cancer



Winter/Spring 2014

From Jessica Werder, M.P.H.



*Please note that, while the studies listed below are both scientifically and methodologically sound, caution should be exercised in drawing conclusions from any one study. You can access this column from previous newsletters at [craab.org](http://craab.org).*

## Cholesterol Molecule Influences Growth of ER+ Cancers

### *Background and Recent Evidence*

In a large portion of human breast cancers, cancer growth is closely linked to the amount of estrogen in the body. For all intents and purposes, estrogen fuels growth in these ER+ cancers (Estrogen Receptor Positive cancers). However, a group of researchers has recently discovered that another common molecule may play a similar, and very interesting, role.

When the body breaks down cholesterol, one of its first by-products is a molecule called 27-HC. Studying mice and cancerous tissues, researchers have demonstrated that 27-HC also promotes growth in ER+ cancers. Besides estrogen, 27-HC is the first known molecule to stimulate such growth.<sup>i</sup>

### *Interpretations and Implications*

Research has shown for many years that there is a link between obesity and breast cancer, especially in post-menopausal women.<sup>ii</sup> More specifically, there is evidence that high cholesterol levels are linked to an increased risk for certain cancers.<sup>iii</sup> Among breast cancer patients, specific classes of medication are sometimes less effective among overweight or obese women.<sup>iv</sup> All of these findings suggest an important relationship between a woman's weight, her cholesterol levels, and breast cancer. However, no one has truly understood why this relationship exists or whether confounding factors other than weight and cholesterol are the cause.

These recent results provide interesting insights into what may be going on. If a by-product of cholesterol is responsible for the growth of certain cancer cells, it has implications for the development of therapies, for the advice clinicians provide to their patients and for the ways in which women think about and understand their own bodies with re-

spect to weight, diet, and medical conditions. However, there is one caution to the findings – the evidence rests on results from animal models and laboratory cell lines. Much more research is needed, including findings among patients, to fully understand the implications of such a discovery

## Mammography Confers No Survival Benefit and Adds Hazard of Overtreatment

### *Background and Recent Evidence:*

The Canadian National Breast Screening Study was initiated in 1980 to explore two questions: (1) was there a benefit of screening mammography when added to “usual care” among women aged 40 – 49; (2) did adding mammography screening to regular (clinical) breast examination make any difference for women aged 50 – 59? Overall, the study was designed to look for benefits (or hazards) of adding regular mammograms to high quality healthcare.

The study was designed as a large, randomized controlled trial, with a total of 89,835 women enrolled between the ages of 40 and 59. Younger women, ages 40 to 49, were randomly assigned to receive either mammography or no mammography. All were given good breast healthcare and taught breast self-exams. Older women, ages 50 – 59, were blindly assigned to receive mammography or no mammography. All received Clinical Breast Exams from trained professionals.

Initial reports after a decade of follow up showed no mortality benefit from adding mammograms to good breast healthcare for either age group. This unexpected result differed from other studies claiming benefits as high as 35% or more<sup>v</sup>, and it challenged the widely held belief that mammography screening saves lives by finding cancer “early.”

The most recent paper reports follow-up after 25 years of combined data for all women studied, ages 40 – 59, updating survival and mortality rates. In light of more recent understanding of different types of breast cancer along with the mammographic detection of smaller micro-tumors, the researchers also examined tumor characteristics in those women who developed breast cancer.<sup>vi</sup>

After analysis, they once again found no statistical difference in the rate of death between women who had a mammogram and those that did not but had good healthcare. They concluded that “Annual mammography in women aged 40-59 does not reduce mortality from breast cancer beyond that of physical examination or usual care when adjuvant therapy for

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breast cancer is freely available.” In addition, they found that 22% of invasive cancers diagnosed via mammography screening were “overdiagnosed,” meaning that the cancer, while detected, would not have led to any clinically significant disease in a woman’s lifetime.<sup>vii</sup>

### Interpretations and Implications

There has been a lot of attention in recent years paid to mammography and the question of whether it provides clinical benefit above and beyond regular care and physical examinations. Based on mounting evidence that mammography confers little advantage in survival, and that it often leads to false positives, the U.S. Preventive Services Task Force (USPSTF) changed its screening recommendations in 2009 to suggest screening for women begin at age 50, instead of its previous recommendation of age 40.<sup>viii</sup> USPSTF 2009 also concluded it would not recommend mammogram screening for women over 74 because not enough evidence pointed to benefits for that age group, while much new evidence revealed mammography’s increased risk for overtreatment. It also advised skipping every other year to get the same results with half the radiation exposure. This most recent Canadian study evidence adds support to this change and provides more data for the conversation about mammography as a routine screening procedure.

More recent information goes beyond the problem of false positives and excessive biopsies to actual “overdiagnosis and overtreatment.” The problem becomes that mammography leads to detection of cancers that do not become disease problems in our lifetimes. The original 2000 report showed 30% more surgeries and adjuvant treatments in the mammography group—with no mortality benefit. The updated information distinguishes between invasive cancers and localized ones like DCIS, showing 1 in 5 women diagnosed with invasive breast cancer did not have to be treated at all. The terrible challenge we face now is how to distinguish those cancers that can be ignored and those that will progress to disease.

You can find more information on these issues in articles by our science consultant Bonnie Spanier at [craab.org](http://craab.org) in archived issues of past newsletters such as *Fall/Winter 2013* (pp. 10-110 and *Summer/Fall 2013* (pp. 1, 10).

## Future Blood Test for Breast Cancer?

### Background and Recent Evidence:

For many years, researchers have explored possible “biomarkers” for breast cancer. These are molecules that would allow clinicians to easily test for breast cancer with non-invasive, less costly diagnostic tests. In addition to diagnostics, the identification of certain biomarkers (e.g. Her2Neu) has revealed different types of breast cancer that have significantly better or worse outcomes. This has the potential of avoiding the overtreatment of some cancers and could lead to the development of targeted treatments for others. While many biomarkers have been explored, none has led to such a practical diagnostic test.

Recently, researchers at the Houston Methodist Research Institute published research that they believe could one day lead to a blood test for breast cancer. The test, which utilizes nanotechnology, is able to detect the activity of an enzyme known as CPN. It does this by measuring levels of small proteins that the enzyme produces. While increased CPN activity is isolated to the cancer cells, the small protein byproducts make their way into the blood and circulate through the body, making them ideal candidates for a blood biomarker.<sup>ix</sup>

### Interpretations and Implications

As mentioned, many researchers have attempted to identify biomarkers for the creation of a blood test for breast cancer, with little luck to date. The current research is promising, but has many years to go before it may have real clinical application. The current results come from animal models and tests of human cell lines. The correlation between a biomarker and a serious tumor has to be precise, or more women will simply be overdiagnosed and overtreated. In addition, while the blood test appeared to work well for detecting early types of breast cancer, circulating levels of the proteins dropped over time, suggesting that it may not work well for later-stage cancers, which unfortunately are those with worse outcomes. 

- i **Wu Q et al. 27-Hydroxycholesterol Promotes Cell-Autonomous, ER-Positive Breast Cancer Growth. *Cell Reports* 2013, 14;5(3):637-4.**
- ii **Azrad M1 et al. The association between adiposity and breast cancer recurrence and survival: a review of the recent literature. *Current Nutrition Reports* 2014, 3(1):9-15.**
- iii **Chyou PH et al. Prospective study of serum cholesterol and site-specific cancers. *Journal of Clinical Epidemiology* 1992, 45:287-92.**
- iv **Hubalek M. Does Obesity Interfere With Anastrozole Treatment? Positive Association Between Body Mass Index and Anastrozole Plasma Levels. *Clinical Breast Cancer* 2013, pii: S1526-8209(13)00313-3. doi: 10.1016/j.clbc.2013.12.008. [Epub ahead of print]**
- v **Göttsche PC et al. Is screening for breast cancer with mammography justifiable? *Lancet* 2000, 355: 129-134.**
- vi **Miller AB et al. Twenty five year follow-up for breast cancer incidence and mortality of the Canadian National BreastScreening Study: randomised screening trial. *British Medical Journal* 2014;348:g366.**
- vii **The Canadian study is not only strong in size and randomization (questioned but formally vindicated), it is the only study that compared mammography screening to good general and breast care. The other RCTs, which found up to 35% mortality benefits compared to 0% here, studied screening compared to doing nothing about breast health, which may well explain the different findings. In addition, among all the studies, this one is uniquely relevant today because it is the only one where modern protocols of adjuvant treatment were available.**
- viii **U.S. Preventive Services Task Force. “Screening for Breast Cancer.” November 2009.. <http://www.uspreventiveservices-taskforce.org/uspstf/uspstfbrca.htm>. Accessed January 15 2014.**
- ix **Li Y et al. Circulating Proteolytic Products of Carboxypeptidase N for Early Detection of Breast Cancer. *Clinical Chemistry* 2014, 60(1):233-4.**

# Siena Women's Basketball and CRAAB!

This partnership, now in its 14th year, was started by the late Dr. Patricia Brown, a professor of Biology at Siena College, and Coach Gina Castelli who first collaborated in 1999 to host a breast cancer awareness event at a home game of the women's basketball team. This event has become an annual highlight for the Siena Saints and CRAAB! As part of this annual Pink Zone Game, local breast cancer survivors are introduced before the game tip-off and honored by the many Siena Saints fans, many of whom show their support by wearing pink. **GO SAINTS!**

## Pink Zone Steering Committee

Marri Aviza, Rumors Salon and Spa  
Sarah Baluch, Recovery Sports Grill  
Julie Curd, Rumors Salon and Spa  
Heather Ford '89, M&T Bank  
Sally Heritage, CRAAB!  
Ali Jaques, Siena College

Amy Jones '07, CRAAB!  
Laura Menges '08, Siena College  
Lisa Norgrove, Rumors Salon and Spa  
Maureen O'Brien-Thornton, The Leukemia  
& Lymphoma Society  
Suzanne O'Connor, Siena College

Margaret Roberts, CRAAB!  
Joan Sheehan, CRAAB!  
Diane Skiba, Plan Ahead Events  
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Diana Wahrlich  
Donna Wayner  
Dave Wentworth  
Lorraine Wilson  
Pat Oyangen-Zink





## 2014 Survivor Honorees

Sherry Calautti  
Carolyn Carson  
Isabella Currier  
Kathy Decatur

Debbie Devine  
Joanne Dwyer  
Christine Haupt  
Lillian James

Katyanna Keyser  
Anne Long  
Elizabeth Moses  
Tonja Owens

Kristin Reilly  
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Saratoga Performing Arts Center  
Joan and Jim Sheehan  
Siena College Athletics  
Scott Stacey  
Jack Thornton

## Power Up The Pink Awardees

### TRACY PITCHER

Tracy has a long and distinguished career as a social worker, spending more than 30 years working for nonprofits with the goal of making a difference in the lives of others. She worked in community mental health establishing a family treatment program and providing guidance to vocational and day treatment programs. Tracy volunteered for five years for the American Cancer Society delivering workshops about holistic health, the benefits of humor and laughter and overcoming depression and anxiety. She was then hired by the ACS to deliver programs and support to persons touched by cancer which led to a rewarding position with HopeClub. Tracy shared her energy and creativity to enhance the lives of newly diagnosed cancer patients and long time survivors through her work as Director of HopeClub. Tracy was responsible for bringing all cancer related organizations together to share ideas and resources as part of the Capital Region Cancer Care Consortium. Currently, Tracy is the Executive Director of St. Paul's Center, an emergency shelter in Rensselaer for women and children who have no place to call home. She brings the same passion she has always possessed to this new position.



### NORM KVAM

A native of the Buffalo area, Norm is a graduate of Ithaca College. He has been involved in the food and beverage industry for his entire professional career. He has managed the Siena College food service since 1987. Norm and his wife, Pat live in Clifton Park and have three children, all married:

- Christopher & his wife Christine Kvam
- David & his wife Kate Paarlberg Kvam. Kate will probably have delivered Norm and Pat's first grandchild by the time of this event.
- Sarah & her husband Michael Christy

Norman Kvam is a true community leader that exhibits responsible caring business leadership. He uses his position as Food Manager at Siena College to efficiently host many events at the college while devoting his own personal time to various causes especially the Cystic Fibrosis Foundation in the area. He is a joy to work with and possesses excellent public relations skills to deal fairly and honestly with all who require the services he provides. The success of the pre-game reception for the Pink Zone Night is to be credited to Norm. His energy and commitment were the building blocks for developing the reception into an annual event.



### SHANNON O'NEILL

Dr. Shannon O'Neill is the director of the Sister Thea Bowman Center for Women. Under Shannon's direction, this organization always tables at the Pink Zone event, prepares gift bags for the honored survivors and hosts fundraisers on campus during the school year for various breast cancer organizations. Shannon is a former Board member of CRAAB!, where she made important contributions about advocacy and helped to develop CRAAB!'s partnership with Siena College. She has worked to create student programming on safe personal care products and the precautionary principle with regards to carcinogens. She values the role that CRAAB! has played over the years as an advocacy organization. Shannon teaches by example the importance of volunteering time and talent to community organizations.

She is especially touched to be honored as her mother is a 16-year breast cancer survivor and her sister is currently undergoing breast cancer treatment. 



As we told you: we were so very happy, pleased and touched to have been invited. And we had a wonderful night with CRAAB and SIENA! Thank you for all YOU do to help us eradicate BC in our lifetime. We need to be able to tell our daughter (Colleen Mary) that this is NOT a disease she and our grand daughter (Carlee Madison) have to be concerned with! Godbless!

— Dr Michael & Debbie Sheridan

Thank you so much for Honoring me at the Basketball game. I had a GREAT time and I met some wonderful ladies that I will now keep in contact with. I would like to be a part of CRAAB! I am going to talk to some of my survivor friends that I have met through different groups and tell them about CRAAB. Thank you again for all the work and caring that goes into these events. Fight Like A Girl!~

— Carolyn Carson

MORE  
Pink Zone  
FUN

The Siena College Women's Basketball Game and C.R.A.A.B. Breast Cancer Event "Go Pink!" held on Feb. 20th at the college was a very emotional and wonderful event to raise funds and awareness for breast cancer in the Capital Region. Being honored as a "Survivor" in such a glorious way was thrilling and very heartwarming! I would participate in an event of this type.....anytime!

— Nancy Rivera



Thank you Joan for all your work on this event. I was blown away. Had no idea it was such a big deal, it was overwhelming in a good way. After the assistant coach and I walked off, I just started crying. I was so overcome with emotion I couldn't stop. Mostly being grateful for being a survivor. So thank you.

— Elizabeth Moses



I just wanted to say THANK YOU for a beautiful night this past Thursday at the Pink Zone event! I cannot stop talking about it! Everyone involved did an outstanding job in making all of us Survivors feel unified and welcome! I am looking forward to next year! The entire night was impeccable and one that I will NEVER forget!

— Kristin Reilly



## Concerned about Fracking, Part II:

(continued from page 1)

more time for a comprehensive review, and that he wants to consider the results of three separate studies which “are the first comprehensive studies of HVHF health impacts at either the state or federal level.” See box, page 1.

Dr. Shah’s decision to wait for the results of these studies is welcome and reasonable, but we question why he hasn’t publicly expressed concerns about environmental impact studies and health reports that are already documented? There have been hundreds of reports of illnesses of people who live near drilling sites. There are thousands of incidences of leaks, spills, explosions, well blow-outs and burn-off pollution, illegal wastewater treatment and discharges, and methane gas migration. (One of many detailed publications is Riverkeeper’s 2010 “Fractured Communities.”)

In December, 2013 Dr. Shah did reveal that he traveled to California and Texas, among other unnamed places to study fracking and that there was new data to consider, though what this is he wouldn’t say. As some scientists and advocates have pointed out, the lack of transparency among policy makers, and various states’ departments of health and environmental conservation, as well as the gas industry is disappointing and breeds distrust.

### Why the concern?

To permit a large-scale industrial process when there are no epidemiological studies of *long-term health effects* seems short-sighted, especially when the process involves toxic chemicals that are connected to many serious and chronic diseases such as cancer. According to a paper submitted by Theo Coburn and colleagues, “Natural Gas Operations from a Public Health Perspective” published in *Human and Ecological Risk Assessment*, in September, 2011, of the chemicals used in fracking, “more than 75% could affect the skin, eyes, and other sensory organs, and the respiratory and gastrointestinal systems. Approximately 40% to 50% could affect the brain/nervous system, immune and cardiovascular systems, and the kidneys; 37% could affect the endocrine system; and 25% could cause cancer and mutations. These results indicate that many chemicals used during the fracturing and drilling stages of gas operations may have long-term health effects that are not immediately expressed.”

Most of these chemicals are mixed with water and sand, then pumped deep underground to fracture shale rock to release natural gas.

- About 10-25% of this fracturing fluid returns to the surface during the “flowback” period that usually lasts 10-14 days, until gas production begins. The amount of flowback fluid, which picks up additional chemicals and elements that were present in the shale, ranges between 420,000 – 2,520,000 gallons per well for each hydraulic fracture.
- Once gas production begins, all wastewater emerging from the well is called “produced water,” which is about 30-70% of the initial injected water.

- Both types of wastewater—flowback and produced water—contain potentially harmful ingredients, including heavy metals and naturally occurring radiation from radon and other elements

The Marcellus Shale Formation that underlies parts of Pennsylvania, Ohio, West Virginia, Maryland, New Jersey and western NY, has higher rates of radon than most other shale deposits. In 2011, the EPA released documents to *The New York Times* that disclosed that in Pennsylvania more than 179 wells produced wastewater with high levels of radiation, and over 100 had levels of radium or other radioactive materials 100 times as high as the safe levels set by federal drinking-water standards. At least 15 wells produced wastewater carrying more than 1,000 times the amount of radioactive elements considered acceptable.

### What happens to all this wastewater?

Drillers trucked some wastewater to public sewage treatment plants in Pennsylvania and other states, including New York, but some treatment plants were not equipped to remove certain highly toxic contaminants or radioactive substances. At least 12 sewage treatment plants in three states discharged wastewater that was only partly treated into rivers, lakes and streams.

Besides processing wastewater at treatment plants, it’s also injected back into the earth. As reported by “ProPublica” in 2012, records from different areas in the country show that wells drilled to bury fracking wastewater deep underground have repeatedly leaked, sending dangerous chemicals percolating to the surface or, on rare occasion, leaching into aquifers that store a significant portion of the nation’s drinking water. *Scientific America* reported in 2012 that during the past several decades over 30 trillion gallons of toxic fluid has been injected deep into the earth, and some geologists are concerned it will eventually cause widespread contamination, though many scientists say that scenario isn’t likely. The greatest hazards are spills, leaks and illegal discharges related to faulty surface operations. From late 2007-2010 inspections of 220,000 wells revealed 17,000 structural failures.

### Does fracking produce other water pollutants?

Natural gas is a fossil fuel formed primarily of methane, but it can also include other gases - ethane, propane, butane and pentane. The natural gas delivered to your home has been refined and is almost pure methane. An Associated Press article of January, 2014 states that “Experts say the most common type of water pollution involves methane, not chemicals from the drilling process.” Robert Jackson, Ph.D., a professor of environmental sciences at Duke University, concurs. In his 2011 study, his research team sampled 141 residential drinking water wells in northeastern Pennsylvania and upstate New York (where vertical drilling, not HVHF, takes place) and found that 82% of drinking water samples were

(continued on page 14)

# Evelyn McKnight's Story

By Mary Beth Wenger,  
Health Communications Specialist,  
NYS Department of Health

Imagine the horror of opening up your mail one day and getting a letter from your State or Local Health Department that says, "Dear Sir/Madam: You may have potentially been exposed to hepatitis B virus, hepatitis C virus or Human Immunodeficiency Virus (HIV) because of a procedure you received at your doctor's office. We recommend you immediately get tested..."

"When you get a letter like that, it changes your world," says Evelyn McKnight, audiologist and mother of three, from Nebraska. More than ten years ago, McKnight received such a letter after getting treatment for a recurrence of breast cancer. McKnight had not indulged in risky behaviors that might expose her to hepatitis (for example, recreational IV drug use). So how could this be happening?

"My only risky behavior was seeking medical treatment," McKnight says. She has now dedicated her life to advocating for safe injection practices in New York State and all over the world.

McKnight is one of 99 oncology patients in a small Nebraska town, who were ultimately diagnosed with healthcare-acquired hepatitis C, because a healthcare provider reused syringes and used saline flush bags for more than one patient during chemotherapy treatments.

That reuse of syringes and sharing of saline flush bags transferred infected blood from one patient to nearly 100 others. McKnight's husband Tom, himself a physician, was one of the first to get to the bottom of how four patients at a small medical practice all contracted hepatitis C in one short time period. Thankfully, with treatment, the hepatitis cleared McKnight's system. But others were not so fortunate.

"At least six patients came to the clinic with cancer, asking, hoping, praying to be cured of cancer," says McKnight. But in the course of that treatment, they contracted hepatitis C. Those same six patients ultimately died, not from the initial cancer, but from complications of hepatitis C.

"It's just incredible to think that you can be battling cancer," says



Evelyn McKnight

McKnight, "yet something else you contracted during the course of getting medical care actually claimed your life."

McKnight's story is not an isolated incident. While most healthcare providers are following proper injection procedures, exposures similar to McKnight's have happened to at least 150,000 patients across the US since 2001, according to the federal Centers for Disease Control and Prevention (CDC) and the Safe Injection Practices Coalition (SIPC). The SIPC is a group of healthcare-related organizations dedicated to ensuring that all injections in healthcare are safe. McKnight was a driving force

behind getting the two organizations to

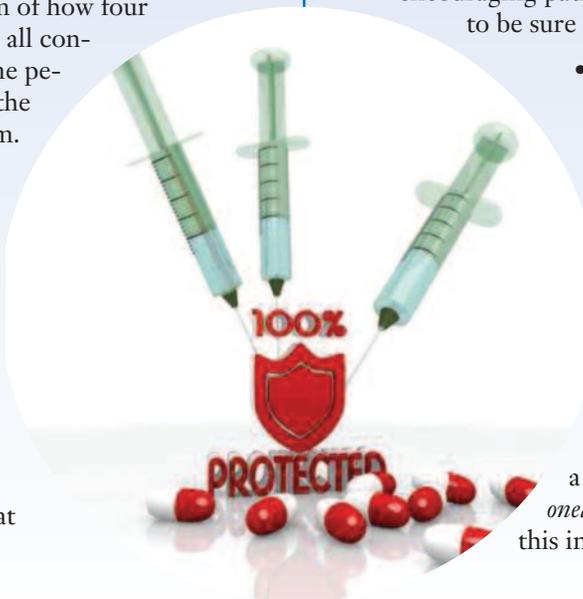
launch the *One & Only Campaign* ("One Needle, One Syringe, Only One Time") in 2008. The *One & Only Campaign* is a national public health campaign aimed at ensuring safe injections in all healthcare settings. New York State, through the New York State Department of Health, became a "partner state" in the national Campaign, and now spreads the safe injection word throughout New York and the region, thanks to CDC grant funding.

After her ordeal, McKnight also went on to co-found patient safety advocacy group HONORreform (Hepatitis Outbreaks National Organization for Reform). Having experienced treatment herself, McKnight recognizes that receiving cancer treatment in and of itself is a challenge. But she emphasizes that there are simple ways you, as a patient, can stop unsafe injections from happening in either an oncology or other setting where injections are administered.

McKnight now devotes her life to patient advocacy, encouraging patients who are receiving injections to be sure to ask:

- Is this medication from a single-dose vial? Have you used this vial of medication on another person? or:
  - "What steps are you taking at this facility to keep me safe from blood-borne diseases?" or:
  - Has this IV set been used for any other patient?

The conversation you have with your provider just might save a life. For more information, visit [oneandonlycampaign.org](http://oneandonlycampaign.org). Please share this information with others! 



# Concerned about Fracking, Part II:

(continued from page 12)

contaminated with methane, and that the level of contamination rose sharply with proximity to drilling sites, with average concentrations six times higher for homes less than one kilometer from fracked wells. Even more disturbing, the average methane amount in residential wells was within the defined action level for recommended hazard mitigation by the U.S. Department of the Interior, and the maximum amount found was well beyond that threshold and indicated the potential for explosion.

The researchers also found higher levels of ethane and propane in water samples taken near wells, with ethane found in 30% of samples, in concentrations 23 times higher at homes within a kilometer of a well. Propane was detected

in 10 of 133 samples, all of them taken from homes within a kilometer of drilling. Dr. Jackson noted that the simplest explanations for the higher gas concentrations are:

- faulty or inadequate steel casings, which are designed to keep gas and any water inside the well from leaking into the environment;
- imperfections in the cement sealing or
- gaps between casings and rock.

For the study see: [pnas.org/content/110/28/11250.full](http://pnas.org/content/110/28/11250.full)

In 2010, the Pennsylvania Department of Environmental Protection issued 90 violations for faulty casing and cementing on 64 Marcellus shale gas wells; 119 similar violations were issued in 2011.

## Can Fracking Lead to Water Shortages?

Not only water quality but water quantity is an issue. In many dry regions of the country, farmers are competing with gas companies for scarce water. This past fall, thirty communities in southwestern Texas faced water shortages or complete water loss due to the confluence of severe droughts and fracking. That region has thousands of wells and each one uses 8 million gallons of water per day when it is fracked, severely depleting the wells and water sources of residents.

In New York, fracking will require many billions of gallons of water during a 15-year period. This water will be taken from rivers, lakes, wetlands, ponds and wells and can never be re-used or re-cycled because it will be contaminated with toxic fluids. What will happen to water sources in western NY during hot summers and periods of drought? Will NY's famous wineries, small farms and yoghurt manufacturers have to compete for water with gas drillers?

This is one reason why many upstate NY businesses oppose fracking. According to the [BusinessesAgainstFrackingNY.com](http://BusinessesAgainstFrackingNY.com), over 1,500 companies have signed a letter to Governor Cuomo stating their concerns. Many business owners, along with farmers, food & beverage suppliers, restaurant owners, tourist and recreation companies, and members of the *Idle No More* group of the Akwesasne Mohawk Reserve attended the recent rally to let their voices (and drums) be heard. For news of other protests and campaigns coming up, please visit: [nyagainstfracking.org](http://nyagainstfracking.org) or [frackaction.com](http://frackaction.com).



*You're Invited to a CRAAB! Conference*

## New Insights into Risk Factors for Breast Cancer

**Friday, April 4, 2014 • 10 AM – 4 PM**

(Lunch will be served)

**University at Albany School of Public Health**

UAlbany East Campus (Auditorium) • 1 University Place, Rensselaer, NY 12144

Directions to the campus can be found at:  
[albany.edu/sph/map\\_directions.php](http://albany.edu/sph/map_directions.php)

### *Speakers Include:*

Nur Zeinomar, Ph. D., "The Effectiveness of Breast Cancer Education in NY's Capital Region"

Roxana Moslehi, Ph.D., "Common Genomic Variations and Risk of Breast Cancer"

Margaret Roberts, "Survivorship, Education & Health Activism"

David Carpenter, M.D., Ph.D. "Environmental Exposures, Endocrine Disruptors and Risk of Breast Cancer"

Kathleen Arcaro, Ph. D. "Breast Milk Studies for Biomarkers of Susceptibility to Breast Cancer"

**Space is very limited.**

**To Register soon and for further information, call CRAAB! at 435-1055, or email [craab@nycap.rr.com](mailto:craab@nycap.rr.com).**

**Registration required by March 28th**

*EDITOR'S NOTE: In the years that I have had the privilege of editing this newsletter, I have met a number of CRAAB! members who in private conversations mentioned the hurtful remarks people, almost always unthinkingly, had made to them when the subject of their diagnosis or that of a loved one was mentioned, and the difficulty they had at that time of vulnerability in knowing how to respond. Recently, in my reading for this issue, I came across the post of an oncologist on this very subject and Dr. James Salwitz gave his permission for his thoughts to be reprinted here. I would recommend his blog at SunRiseRounds.com to everyone interested in a professionally astute and compassionate view of cancer patients and their families from the other side of the desk.*

## Words - Helpful or Hurtful?

*Posted by James Salwitz, MD at SunRiseRounds.com  
in End of Life, Family & Disease*

One of the most satisfying sports is to make ourselves feel better by degrading another. What better way to make up for our own inadequacy, then to shove someone else's face in theirs? We see this at work, in our families, in politics and in almost every type of social interaction. Nonetheless, it is particularly painful and tragic when we project our own fear and frailty onto someone that is dealing with the consequences of disease and even death.

Not long ago I sat down with the wife of one of my patients. He had recently died of lung cancer. He had been a particularly proud and private person and had kept most of the travails of the disease from friends and family. Happy to give him the dignity and freedom he wished, she shouldered his needs. With him every moment, she was a remarkable and powerful support for over a year. By her love, guidance and care she gave him not only dignity and comfort, but helped him to live longer.

At the end of his life, when the disease was present, but quiet, he wished to return to the land of his childhood, his roots, by visiting his family home in Greece. With great effort she scheduled the trip, organized his medicines, arranged backup medical care and of course escorted him on that final journey. It was a wonderful gift.

Upon arriving in Europe his health deteriorated as the cancer grew explosively and multiple terrible complications followed. Only with great effort was she able, as he wished, to get back to the United States, where he was immediately hospitalized and died three weeks later.

The casket was barely closed, and the funeral crowd drifting away, when it started. His friends and family, *their* friends and family, saddened by his death and shocked he had not shared his suffering more in life, attacked her. Why had he gone to Greece? Didn't she know he was sick? Wasn't it a bad time for a vacation?

They cornered her in that most vulnerable time, those first days when her heart had been ripped out and placed in the coffin. "The airplane killed him." "The change in climate made the cancer grow." "She took him from his doctors, leaving him to quacks and faith healers who committed him to die." If he had really been so sick, then he would have told them, so the insane voyage killed him. It was her action, her inaction, her desertion, her fixation, her selfishness and even her obsessive love by which she neglected him to death.

Now in truth, she was an angel, the perfect caregiver, who gave everything, including her soul, to the man she loved. It was a time when there were dozens of daily decisions, all of which felt momentous and few of which had lasting effect. They clung to each other and fought for life and hope. However, in the end he died, not because they did not love and did not care; he simply had a nasty metastatic cancer and it killed him.

Her friends and family needed a salve for their guilt at failing to help or to appreciate his needs in life. Thru horrible words they sought to save themselves by crushing and belittling her gift. Still, their words cannot be justified and can barely be comprehended.

How often do we carelessly add to another's grief or fear? "You had breast cancer five years ago? *My neighbor died of breast cancer that came back after ten years.*" "Your mother had surgery at Main Street Hospital? *Aren't the best surgeons at Hope Hospital?*" "Well, what did you expect to happen, you smoked!" "Of course it she would have done better, if you had just listened." "You pulled the tube? *I guess that was the right thing to do, but did you hear about the guy who woke up after eight years?*"

Obsessed with our own pain and loss, we cannot help but open our mouths and spew out trash, which multiplies suffering. It is a corrupt contribution to the grieving process. Maybe we even think that it helps the victim of our utterance. Perhaps, but I think it often serves only the need to protect our own mortal inadequacy and distance ourselves from empathizing with true emotional pain.

There are several lessons. *First, you do not need to talk.* If you are not sure what to say, don't. Just being there, a touch, a hug, goes a long way. *Second, you cannot fix it.* There is nothing you can say to take the grieving person, the scared person, the alone person, from suffering to happy in a couple words. It takes time for us to absorb the loss into our soul. *Make your goal simpler; just give support in the moment.* Unless you really have a dramatic insight, do not play therapist. Finally, before opening your mouth, *connect to your feelings.* If you are frightened, anxious, confused or angry and hurt, beware. This is dangerous ground and ripe for you to utter something stupid and hurtful.

In these challenging times, we rarely mean to hurt one another. However, sometimes, overwhelmed by our own emotional tumult, we give pain, instead of hope. Fortunately, it really is not that difficult to lend support and help healing. It entails thinking a moment about what the loss means to us, thinking about what the loss means to the other and gently holding a hand and heart.



## Empowering People Affected by Breast Cancer!



# Thank You!

*We are grateful for your donations!*

### **In Honor Of**

All my breast cancer peers by Suzanne Hicks  
Shirley Arensberg by Linda Carr  
Kathleen Curley by John Reith, Jr.  
Anna DeCianni by the DeCianni Family  
Dr. Kelly Dennim by Judith Lenihan  
Christine Gottwald by Doug Gottwald  
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Joan Sheehan by Claudia Carman  
Joan Sheehan by Nancy Guest  
Joan Sheehan by Claudia Longo  
Joan Sheehan by Cathy McEneny  
Joan Sheehan by Carol McGrath  
Constance Witalis by Florence Conway



### **In Memory Of**

Scotty Battaglini by Carol McGrath  
Frieda Brown and Anna Mae Shank  
by Jean D. Brown  
Dorothy Condon by Cliff Condon  
Judy Coroy and Susan Roberts  
by Lauren Miller  
Laura Davis by Harriet Rothstein  
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Susan Roberts and Linda Weissbard by Margaret Roberts  
Rose Sabatini by Donna Palczak  
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Stacey Strong by Marie Tracy

### **Special Donations**

Plan Ahead Events  
Tracy Boucher/Siena Students for "Pink Recycling"

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TO EMPOWER PEOPLE OF THE CAPITAL REGION  
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