



# Smilow Connections

A publication for the patients and caregivers of Norwalk Hospital's Smilow Family Breast Health Center.



Dr. Mia Gorovoy,  
Director of Breast Imaging  
for Smilow Family Breast  
Health Center



Smilow  
Connections

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Note from the editor

Dear Reader,

As we are transitioning from the dog days of summer into the crisp days of fall, I hope that you are making an effort to take care of yourself, spending time with your loved ones, and venturing outside. Like many people who find respite in spending time outside, Smilow patient Mallory McGrath shares her story on how spending time on a local farm, planting, maintaining and harvesting vegetables helped her through her breast cancer diagnosis and treatment. We have also included some tips in this issue on the importance of eating fresh fruits and vegetables. To that end, we've identified some places to enjoy buying local produce.



Also in this issue of Smilow Connections, we are pleased to feature a Director's Perspective from Dr. Mia Gorovoy, Director of Breast Imaging, who shares her insight on the importance of imaging and the role skilled radiologists, who undergo a great deal of specialized training, play in reviewing breast images looking for any sign of abnormalities. In addition, you will find a story discussing radiation therapy, when it is used, how it works, and how a specialized team develops and safely delivers individualized plans to patients. We also highlight a research study regarding the cognitive impact of chemotherapy on breast cancer patients that Mary Heery, APRN, Breast Health Specialist at The Smilow Family Breast Health Center and Nicole Sandilands, a chemotherapy nurse and a Doctorate of Nursing student at Fairfield University are collaborating on. The hope is that the study will generate greater awareness and perhaps unlock more funding to help those patients who need support in dealing with any associated side effects.

I would also like to congratulate Smilow's rowing team the SurviveOARS on competing in their first regatta. This wonderful Smilow program through Saugatuck Rowing Club started in January 2018.

Enjoy,

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SurviveOARS show courage on and off the water



The SurvivOARS team have a pre-race cheer with APRN and program founder, Mary Heery and Saugatuck Rowing Club Coach, Diana Kuen.

Medalist.

As any rower can attest, that is an honor earned on the rarest of occasions. Competition is fierce, and the achievement is incredible. The feeling that accompanies is hard to forget.

The women that make up the team affectionately known as the Survive-OARs from the Saugatuck Rowing Club deserve the honor more than anyone and now have medals as proof of their achievement. However, their triumph isn't just based on success on the water.

This group of breast cancer survivors from Smilow Family Breast Health Center began rowing a year and a half ago as a way to get exercise and heal. Eventually, their goals grew into competing in a regatta which they managed to do at the recent Row for The Cure-Poughkeepsie Regatta on June 2, coming in 2nd place in the Women's Masters Eight category.

Susan G. Komen's Row for the Cure® offers rowers the chance to make a difference by raising money to help prevent and cure breast cancer. Everyone competing in this regatta has a different story relating to how breast cancer has touched their lives. But this team of women, the

SurviveOARS, was special because every seat in their boat was filled by a survivor. And it was apparent how special by the warm welcome the group received on arrival to the regatta. As rower and survivor, Amy Bauer put it, "As we were rowing our hearts out and the cheers could be heard erupting on the banks of the Hudson, the magnitude of all that we had endured and accomplished came to the forefront and I was overwhelmed with joy and pride."

The way these women came together as a team so quickly is amazing, much of which can be attributed to the work of Saugatuck Rowing Club coach Diana Kuen. Learning to compete in a challenging sport such as rowing under these circumstances is incredible and Diana emphasized the character of the group and their achievements after finishing the regatta. "I could not be prouder. Their strength, courage, passion, and love for life has made me a better person." The program's success is not dictated by accolades, but this does show you the power of these women.

As Mary Heery, the program founder and Smilow APRN, put it, "The regatta was an example of the extraordinary efforts of breast cancer SurvivOars. All of these women are an inspiration.

Proof that a diagnosis doesn't define them, but can enrich their lives to over-come obstacles and make them stronger."

The story started as an idea; Smilow put out a call in January 2018 inviting survivors to try rowing as part of their recovery. Diana described the process saying, "We are a support group first and a rowing team second. My coaching style is slow and inclusive. I never want anyone to leave practice feeling like they are inadequate, as that would defeat the whole purpose of the program. It's my personal goal to make sure every woman feels empowered after each and every practice."



Looking ahead Diana says, "The SurviveOARS program has been transformative for not only the SurviveOARS but every life they touch, including mine. We are so blessed and proud to have started this program with Norwalk Hospital. The Saugatuck Rowing Club is currently in the process of turning the program into a 501c3 non-profit foundation so we can continue helping women for years to come."

This group remains an inspiration and hopefully, the courage that has been shown on an off the water will encourage more people to get involved with the program.

**For more information about the program contact Mary Heery at (203) 852 2757.**



# Director's perspective:

Mia Gorovoy, MD, Director of Breast Imaging  
Smilow Family Breast Health Center



Mia Gorovoy, MD

Dr. Mia Gorovoy has always been a visual person, interested in recognizing patterns and making sense out of what she sees. As Director of Breast Imaging for the Smilow Family Breast Health Center, her visual nature and desire to make a positive impact serve her well. Dr. Gorovoy leads a team of approximately 20 radiologists and technologists who are focused on acquiring breast images and accurately evaluating the smallest details in order to make the appropriate diagnosis. Whether performing routine screenings, or specific imaging or biopsy procedures to evaluate an abnormality, her radiology team plays an important role in ensuring optimum breast health for patients.

Attending high school in New York City across from the Metropolitan Museum of Art, Dr. Gorovoy recalls spending a lot of time in museums. "I grew up loving art. I did internships at the Met and the Whitney Museums, and actually toyed with becoming a curator." She attended

Brown University in Providence, RI where she majored in both biology and art history. She points out that in addition to art, she was also interested in medicine because she was inspired by the physicians in her family.

Dr. Gorovoy graduated from the Mount Sinai School of Medicine in New York and pursued residencies at both New York Presbyterian Hospital-Weil Cornell in New York and Stanford Hospital in California. She completed her training with a fellowship in breast imaging at Stanford Hospital, joining Norwalk Hospital's radiology staff in 2016.

When asked about her interest in radiology, she recalls, "When I was in med school, the visual nature of radiology really attracted me. Especially pattern recognition. It's like a bit of a puzzle to find a diagnosis. I'm very detail-oriented and I find that exciting. As far as breast imaging, a lot of the mentors I had at Stanford were women. I think that and my wanting to interact with patients is what interested me. As breast imagers, we do image-guided procedures with mammo, ultrasound, and MRI. I like working with my hands and I enjoy the procedures. As a woman, I can identify with and feel particularly sensitive to our patient population."

Putting her specialized training and visual acuity to work, Dr. Gorovoy, along with her fellow radiologists, spends a lot of her day analyzing breast images for any signs of abnormalities. "In the morning we do what we call batch reading of the previous day's screening mammograms. The door is closed. Nobody interrupts and nobody calls. It's solitary time so we can really focus on the images," an approach she says is the best way to read mammograms. After her morning batch read, Dr. Gorovoy usually alternates between procedures such as biopsies and other more specific diagnostic image interpretations. "That gets me up out of the reading room and talking to patients. I like the variety."

Dr. Gorovoy feels that today's range of imaging technology is enhancing radiologists' ability to catch breast cancer in its earliest stages. Noting three complementary modalities now used for breast imaging: mammograms, which are x-ray based, ultrasound which utilizes sound waves, and MRI which uses a strong magnetic field, she explains, "We can use all the imaging modalities to find anything abnormal, even when it may just be millimeters in size. Long before it would become clinically apparent. It is very important to identify suspicious findings when they're tiny, to ensure the best possible prognosis for the patient." She also stresses the importance of annual screening and cites recommendations which call for most women to begin annual screening at age 40, with some high-risk patients starting sooner.

Mammography, which is still viewed as the gold standard for breast imaging, has evolved with the recent adoption



Dr. Gorovoy at the Mammography system's work station.

of 3D tomosynthesis. "Now with tomo, we capture the breast anatomy in very thin consecutive slices, and we're able to visualize things that we never could before." Dr. Gorovoy points to the 3D imaging's increased sensitivity for detecting cancer and flexibility in reviewing specific tissue as translating into more confident diagnoses with fewer false positives and callbacks.

Describing the value of ultrasound imaging, she says, "Ultrasound increases our detection of cancers in women with dense breasts over what we can see on just mammo."

Dr. Gorovoy explains that MRI is also a very powerful imaging tool. "MRI is highly sensitive to finding breast cancer. Now we use it primarily for those patients that are classified high-risk and sometimes to further work up new breast cancer diagnoses. It is also very helpful for implant rupture screening." Looking ahead, she anticipates adoption of a new abbreviated MRI technique that has been found to deliver similar diagnostic information as the longer conventional MRI studies. "It will, in essence, be a screening study for people who don't necessarily fall under a high-risk category. And represents a shorter, less expensive alternative for a greater number of patients."

The kind of demanding visual work that radiologists like Dr. Gorovoy do requires a lot of concentration. "It can be hard, and the stakes are high." She explains, "Because you're looking at very fine details in the breast anatomy, thinking and processing as you are reading these images. It is very much the radiologist who is responsible for

"We can use all the imaging modalities to find anything abnormal, even when it may just be millimeters in size."

finding anything unusual. That's what we are trained to do. And everyone in our group takes this very seriously because we want to take good care of our patients. Fortunately, the imaging has become better and better over the years."

Dr. Gorovoy wants patients to know that studies have clearly demonstrated that the benefits of mammography vastly outweigh any risks. "We do everything we can to minimize dose to patients." She also explains, "The more the technologist compresses the breast, the easier it becomes to find anything abnormal, and the less radiation there is."

Dr. Gorovoy stays true to her visual and inquisitive nature when describing the most satisfying part of her job. "Definitely finding a small cancer, when it is subtle. That is very rewarding because those are the ones that can be most successfully treated. I like to think I can make a difference in someone's life, by helping identify something when the chances of a good prognosis are the highest. It feels like I'm having a positive impact. I also like working with the Smilow team; the breast surgeons, oncologists, radiation oncologists, pathologists, and navigators. It's nice to be around people who are smart and care about what they do. I think everybody is elevated by that."





One of two linear accelerators (LINAC) used to deliver radiation therapy to cancer patients at Norwalk Hospital.

# Radiation therapy, a valuable tool for some breast cancer patients

Radiation Therapy continues to play a key role in helping clinicians treat all types of cancer. As newer technology and approaches make radiation therapy even more effective in treating breast cancer and helping improve outcomes, Smilow Connections presents a two-part series to help patients and their caregivers better understand how this treatment actually works.

The therapeutic use of x-ray energy has been around almost since the discovery of x-rays themselves, over one hundred years ago. Depending on the type and stage of the breast cancer, and usually after any surgery or chemotherapy has been completed, clinicians may prescribe radiation therapy as an additional treatment. For example, in early-stage breast cancer, with more patients opting for lumpectomies, clinicians may recommend patients also undergo radiation treatment after the procedure, to destroy any remaining cancer cells and help prevent a local recurrence. This may take the form of partial or whole breast radiation. If the breast cancer is determined to be more advanced, and the patient undergoes a mastectomy, again depending on the type and extent of the cancer and whether there is any lymph node involvement, a broader field of radiation therapy may be recommended to help address any remaining cancerous cells in the region, such as in the chest wall or lymph nodes. In some cases, radiation can also be used in a palliative manner to help reduce pain and discomfort associated with cancer that has spread (metastatic) to other parts of the body.

Radiation therapy is essentially a harnessing of x-ray energy. The underlying principle is that by generating a precisely calibrated high energy x-ray beam, in this case using photons, and accurately directing that beam at the patient's specific at-risk anatomy, the associated energy can be used to damage the DNA in cancer cells, resulting in the death of those cancer cells. According to Dr. Gary Kuo, Chief Physicist at the Whittingham Cancer Center's Radiation Oncology Department, cancer cells grow and divide faster than normal healthy cells. "The radiation works by making small breaks in the DNA inside cells. These breaks keep cancer cells from continuing to grow and divide. Resulting in their death." He explains that while the radiation beam hits and disrupts all the cells in its path, by dividing the

overall dose into smaller increments over time (fractionation) the slower growing, more resilient normal cells have a chance to recover, while the cancer cells remain more sensitive to the radiation and die.

Radiation therapy is different from chemotherapy in that the radiation beam is very targeted and focused on the tumor. Only those cells in the path of the treatment beam are impacted, whereas chemotherapy represents a systemic approach, meaning the drug combinations can affect cells throughout a patient's body, not just at the site of the original cancer.

Breast cancer patients should know that undergoing radiation therapy does not make a person radioactive. As Dr. Kuo explains, "External radiation interacts with cells in your body only for a brief moment, as the beam passes through. Because there is no radiation source in your body, you are not radioactive at any time during or after treatment." In addressing the concern that radiation therapy may slightly increase the risk of a secondary cancer later in life, Dr. Kuo says, "For the most part, the risk of a secondary cancer from these treatments is small and outweighed by the benefit of treating the current cancer."

Before a patient receives any radiation, they go through a comprehensive and orchestrated process with a specially trained radiation oncology team to make sure that the dose and targeting of the treatment beam are tailored precisely to fit each patient's unique anatomical and physiological needs. That team includes a *radiation oncologist*; a doctor trained specifically to treat cancer with radiation, and who develops what's called the radiation treatment prescription and oversees the patient's treatment. The *radiation physicist*: who is responsible for ensuring that the radiation equipment is working properly and that the patient receives the exact dose prescribed by the radiation oncologist. Another key member of the team is the *radiation dosimetrist*. This person works under the direction of the physicist and helps develop the actual treatment plan, (the dose level and beam angles used to deliver the radiation to the patient). The *radiation*



Dr. Gary Kuo, Chief Physicist at the Whittingham Cancer Center's Radiation Oncology Department, reviews aspects of a breast cancer patient's radiation therapy treatment plan.

*therapist*, who breast cancer patients will interact with the most during their daily treatments, has the very important job of accurately positioning the patient on the treatment table exactly the same way (set up) each day prior to treatment. The therapist also operates the machine that generates the radiation beam and delivers it to the patient. There is also a radiation nurse; who has special training in cancer treatment and can give patients information about their treatment and help manage side effects.

For breast cancer patients who receive radiation therapy, the treatment beam is delivered by a highly complex machine known as a linear accelerator or LINAC. At Norwalk Hospital there are currently two Linear Accelerators used to treat cancer with radiation. The treatment rooms are specially constructed to accommodate the unique requirements of the machines, and the characteristics of the treatment beams. The rooms include a cutting edge three-dimensional surface-based alignment technology that allows the therapist to precisely position the patient on the table in real-time for each treatment session. Once the patient is set up properly on the table, the therapist steps out of the treatment room to the control area. From there the therapist can see and communicate with the

patient at all times through the use of intercoms and video monitors.

Most treatment sessions take only a few minutes each day, usually Monday through Friday. The majority of the time is spent insuring the patient is positioned on the table in the exact orientation required for accurate treatment. A specific body mold or some other positioning aid such as an armbar may be employed on the treatment table to make sure there is no movement during treatment, and the patient is positioned the exact same way for each treatment. The radiation treatment beam is invisible and the patient feels nothing during the treatment. There may be some side effects, the most common being fatigue and sensitive skin.

*The second part of this article will discuss the actual treatment plan development, different techniques for delivering the optimum dose to a breast cancer patient, while minimizing dose to the healthy surrounding tissue, as well as new quicker treatment options.*



# Smilow patient Mallory McGrath finds her solace on a farm



Mallory McGrath working in the gardens at Rainbeau Ridge Farm.

Not far off Route 684, down a tree-lined gravel road, a small wooden sign announces Rainbeau Ridge Farm. A sustainable farm in the suburbs of Westchester County, NY. Entering the driveway one can't help but be drawn in by the clucking chickens and vast gardens. The early morning sun highlights several women in straw hats already crouched down working the earth. One of the women is Smilow patient Mallory McGrath, who describes this farm as the magical place that got her through her breast cancer.

Mallory was first diagnosed with breast cancer in 1998 at the age of 37 when she went for a baseline mammogram. Mallory explained she was a mom with two young children when her doctor made a recommendation that changed her life. Mallory recalls, "I was at my annual OBGYN appointment and the doctor suggested that I have my first mammogram along with a couple of other recommended screenings. When I went for a baseline mammogram they found some calcification indicating that I had DCIS or early-stage breast cancer. I had

surgery followed by 5 years of tamoxifen, which was protocol then. I had regular checkups every six months, but I carried on with my life. I really felt lucky knowing what other people with breast cancer were going through."

In 2010, twelve years later, Mallory was diagnosed with breast cancer again: a different type of tumor in a new site. She went to Yale and Memorial Sloan Kettering for a second opinion. She opted to seek treatment from Smilow because it had recommended the same protocol as Yale and MSK and she had come to love and trust the Smilow staff. Mallory explains the staff at Smilow and Norwalk Hospital are amazing. "Mary Heery, the APRN and Breast Health Specialist at Smilow, is a real lifeline for patients, so caring and sincere. She has been great to me. All of my chemotherapy treatment was with Dr. Zahrah, my oncologist at Whittingham Cancer Center, who is fabulous, so approachable, calming and patient. When it came to radiation, I decided to have treatment in Stamford because it was closer to home."



Mallory McGrath hanging out with the alpine sheep on the farm.

Mallory shares that her second experience with breast cancer was much more challenging. "The second diagnosis was my journey. The battle. This time it was not a walk in the park. I had multiple surgeries, chemotherapy, and radiation. And my kids were now 14 and 16 which made it much harder."

When asked what advice she has for those going through a difficult time with breast cancer, Mallory encourages other patients to find a passion that can help them escape from the drudgery of dealing with cancer. "As best as one can, try not to let cancer become your only focus. Find something that can 'take you away' from your treatment. I am an avid gardener. For me, there is a deep connection to the dirt. It gets to my soul. And by working in the garden, I was able to remove myself from the day to day of cancer and the recovery."

When Mallory was diagnosed the second time her sister-in-law told her about Rainbeau Ridge, a working farm in Bedford Hills, NY. "I spent many, many hours on the farm working in the immense gardens and helping with the live-stock. I had such a great experience there. It gave me strength and it let me heal. I was hearing chickens, cows, goats and hawks. It was really so lovely, surreal."

To this day, Mallory stays engaged with the farm. In early spring each year the farm staff dig through seed

catalogs and talk about what they want to grow in the coming season. "We grow all sorts of organic vegetables - tomatoes, snap peas, carrots, beets, greens, beans, potatoes, garlic, brassicas, cucumbers, to name some. We also have a flower and pollinator garden to encourage the bees. A day at the farm can include weeding, creating beds for plants, working with the compost and adding it to the beds, putting down leaf mulch to keep the weeds at bay, watering, tending to the plants, picking the vegetables, and feeding the chickens. We all have been known to stop and enjoy the fruit right off the vine and then get back to work. There is always something to do."

When asked how breast cancer has changed her life, Mallory shared. "I actually think it changed me for the better. I have learned the importance of vigilance while living my life fully. You do things now. Whatever it is, you don't put it off. Seize that moment. Also, I appreciate the little things, the everyday things. It changes your perspective. I find the little things in life far more important. It's having the four of us eating dinner around the table. Having fun. Just being together. Without those little moments, I am not certain that I would be feeling as strong as I am today. It gave me a more positive outlook. I am going to carry on, engaged, and appreciate what I have. "



# Smilow conducts cognitive function study as it relates to the effects of chemotherapy



On the left, Nicole Sandilands, Doctorate of Nursing student at Fairfield University and Mary Heery APRN, Breast Health Specialist at The Smilow Family Breast Health Center, Norwalk Hospital review the data for the Cognitive Function Study.

## What is “Chemo Brain”?

Many women who undergo chemotherapy to treat breast cancer report problems with memory, word-finding, and concentration during and after treatment. These problems are commonly referred to as “chemo brain.” Chemo brain affects people differently; in terms of when it starts, how long it lasts, and how much trouble it may cause. Research shows that as many as 60% of patients experience some temporary changes in cognitive function during treatment, while others may have symptoms that persist for one to two years.

Mary Heery, APRN, Breast Health Specialist at The Smilow Family Breast Health Center, Norwalk Hospital and Nicole Sandilands, a chemotherapy nurse and a Doctorate of Nursing student at Fairfield University, are collaborating on a research study regarding the cognitive impact of chemotherapy on breast cancer patients.

The goal of the study is to raise awareness about chemo brain by validating patients’ cognitive changes as a result of chemotherapy. Mary explains, “Fifty to seventy percent of patients have cognitive changes from chemo. Unfortunately, many institutions lack the resources to support Chemo Brain workshops for cancer patients.”

Mary adds, “We are also hoping that this study is going to promote more open discussions between practitioners and their patients about cognitive changes so we can identify symptoms early and provide appropriate resources. Smilow Family Breast Health Center currently offers a Chemo Brain Workshop lead by Dr. Svenja Wacker. This two-part workshop helps patients develop some useful tools that can assist them in dealing with

their cognitive changes; memory tricks, mindfulness, and meditation. On-going counseling is also available to those that may need additional support.

Nicole, a chemotherapy nurse for six years, explains that after a discussion with Mary in regards to her doctoral requirements, suggested working with breast cancer patients and “chemo brain”. “Mary and I discussed ways of improving the current Chemo Brain Program and identified a need for baseline cognitive assessments. We both felt this would improve patient care and allow us to do a more detailed analysis of cognitive changes amongst breast cancer patients.”

Time was also spent working together to develop the parameters of the study and what they wanted to include. Nicole explains, “We wanted to obtain baseline assessments of each patient prior to any treatment, in addition to the assessments that they are currently doing. A baseline cognitive assessment provides a more comprehensive overview of the cognitive effects of chemotherapy. It also provides us more scientific evidence to help quantify and validate that the cognitive changes patients are experiencing are real.”

The new study assesses patients at three different times; prior to treatment, a week after treatment is completed, and then a month following treatment. At each of the three sessions, patients complete two different evaluations; the Montreal Cognitive Assessment (MoCa) test and the Depression/Anxiety/Stress Scale (DASS) assessment. The first is used to measure cognitive function and the other measures overall quality of life. All Smilow breast cancer patients that will have IV Chemotherapy as part of their treatment are eligible to participate in the study. The study officially started at the end of the March and will continue through Spring 2020. So far a dozen patients have participated. The goal is to have at least 50 participants. The time commitment for a patient is three assessment sessions each taking less than 15 minutes. Participation is free.

When asked how this study figures into Nicole’s doctorate she explains, “So my intervention is the baseline assessment and then I will conduct a full statistical analysis of the data. Chemo brain is definitely a known phenomenon but there is a lack of evidence to really support that the cognitive changes are related to chemotherapy. We are hopeful that this study will support the phenomenon and encourage other cancer centers to provide appropriate resources to their patients. Also, the data from this study might be able to aide in getting funding to further support our Chemo Brain Workshop at Smilow and possibly establish workshops at other NuVance Health Centers.”

After Nicole analyzes the data and writes up the results she

will present it to the Doctorate of Nursing Program at Fairfield University. Nicole explains, “Once the study is presented in May of 2020, the faculty works to get the report published in a scientific journal. They also encourage us to submit posters to different conferences.” Nicole said that she is very pleased to have the opportunity to collaborate with Mary on this study. “I feel that this research could make a profound difference in patient care and publication of these results will have far-reaching effects for women receiving chemotherapy for breast cancer.”

Mary adds, “For years, patients have been reporting cognitive changes related to their chemotherapy. I think this study will help unite patients to recognize that this is a genuine problem that they may be suffering with and they are not alone. The key to this study is that we are going to get some baseline values even before patients begin their chemo which should really validate what patients are feeling. We are also hoping that this will help strengthen our Chemo Brain Workshop and will encourage patients to see the value in making time for it.”

Mary goes on to explain, “I think this study will bring about greater awareness at Whittingham Cancer Center and with publication it can positively influence other institutions. We hope more practitioners will make referrals and inform patients that there is help if they experience cognitive changes during treatment.”

If you are a Smilow patient who is scheduled to undergo chemotherapy treatment and would like more information about chemo brain, the study, or the Chemo Brain Workshop contact Mary Heery at (203) 852 2757.

## The Pink Chair Project: offering reclining lift chairs to breast cancer patients



Cara Spath and her daughter Emma (standing) with a patient who just received her “Pink Chair” recliner.

The Pink Chair Project, founded by Cara Spath and her daughter Emmie, works to provide comfort to recovering Breast Cancer Patients by offering reclining lift chairs to aid patients as they recover from breast cancer surgery. The chairs are loaned out on a first come first serve basis and will be delivered to the patient’s home.

Cara, was diagnosed with Breast Cancer at 41 years old. After having a double mastectomy she found it difficult to sleep and get comfortable. Luckily, a family member was able to loan her a reclining chair which she “lived in” for months during her recovery. Recognizing that she was probably not the only one to face this problem, she conceived of a program that could help others. The Pink Chair Project was born out of love, despair, support, determination and a need to give back.

The Pink Chair Project is a non-profit organization made possible by generous donations. To sponsor a chair, make a donation, or submit an application to request a chair, go to [www.thepinkchairproject.com](http://www.thepinkchairproject.com).



## Tips for buying local and eating healthy

As we transition from the dog days of summer into the crisp days of fall take advantage of the nice weather and the ability to eat local produce. Besides being a fun outing, buying locally grown produce has many benefits: Fresh Produce is healthier. Fresh fruit and vegetables are packed with vitamins, minerals, fiber, antioxidants, and phytonutrients that have been shown to protect against chronic illnesses like heart disease and cancer.

Farmers’ markets are excellent places to get fresh and healthy produce directly from the grower. Here’s a listing of some local farmers’ markets:



**Norwalk Community Health Center**  
Wednesdays, 11am – 3pm Cash  
Open now thru November 27  
120 Connecticut Avenue, Norwalk, CT

**Rainbow Plaza**  
Wednesdays, 11am – 3pm  
Open now thru October 30  
205 Main Avenue, Norwalk, CT

**First Congregational Church on the Green**  
Saturdays, 9am – 2pm  
Open now thru October 26  
3 Lewis Street, Norwalk, CT.

**Rowayton Farmers’ Market**  
Fridays, 12pm – 5pm  
Open now thru October 25  
Rowayton’s Pinkney Park, Rowayton, CT

**Westport Farmers’ Market**  
Thursdays, 10am – 2pm  
Now thru November 7  
50 Imperial Ave, Westport, CT

**Fairfield Farmers’ Market**  
Sundays 10am – 2pm  
Open now thru October 6  
The Sherman Green, Fairfield, CT

Visiting local farms or orchards, like Blue Jay Orchards in Bethel or Silverman’s Farm in Easton, to pick your own apples or pumpkins is another great option. Enjoy!



# In the news

On July 24, the U.S. Food and Drug Administration (FDA) asked the manufacturer Allergan to recall specific types of its BIOCELL textured breast implants because of the increased risk of anaplastic large cell lymphoma, also called BIA-ALCL. The agency said data analysis showed that the risk of developing the cancer with Allergan's implants was nearly 6 times the risk of developing the cancer from textured implants manufactured by other companies. The recall was based on reports of 574 cases of anaplastic large cell lymphoma worldwide, including 33 deaths. Of all the cases, 481 had Allergan breast implants at the time of diagnosis, according to the FDA.

Following the agency's request, Allergan has notified the FDA that it is moving forward with a worldwide recall of their BIOCELL textured breast implant products.

To read the entire FDA press release go to <https://www.fda.gov/news>.

Dr. Boris Goldman, a board-certified plastic surgeon, who has been practicing at Norwalk Hospital for 12 years explains, "Patients with textured implants should not panic. The FDA and Plastic Surgeons currently do not recommend removal of textured implants in asymptomatic (having no symptoms) patients. Patients with late-onset swelling of the breasts associated with excessive fluid collection should be seen by their Plastic Surgeon."

## FACTS:

1. Breast Implant Associated Anaplastic Large Cell Lymphoma (BIA-ALCL) is a rare type of lymphoma that seems to be associated with textured breast implants.
2. BIA-ALCL presents as late-onset (2-28 years, average 8 years) swelling of a breast with a breast implant, due to excessive fluid collection.
3. If BIA-ALCL occurs, and is diagnosed early, it can be cured by removing the implant and performing a capsulectomy (capsule/scar removal) around the implant. BIA-ALCL is not a disease of the breast.
4. BIA-ALCL appears to require a combination of factors including textured implant, chronic low-grade bacterial presence, and genetic susceptibility.

Patients with textured implants should visit <https://www.surgery.org/sites/default/files/PATIENT-FAQ-BIA-ALCL-FINAL-12-3-18.pdf> to get familiar with the signs and symptoms of BIA-ALCL.



**Norwalk Hospital**  
The Smilow Family Breast Health Center

## The Smilow Family Breast Health Center

Complimentary support groups and services

### Post Mastectomy Services

- Appointments for fittings of post-surgical garments, bras and prosthesis

### Deep Meditation Classes

- Meditation and breathing techniques to relieve stress and heal
- For patients and caregivers

### Cognitive Changes and Health Stress Workshop

- Memory tricks, mindfulness and meditation to help deal with cognitive changes
- Two-part session

### Newly Diagnosed Support Group

- A relaxed, supportive and confidential gathering to exchange information and receive support

### The Triple Negative Breast (TNBC) Support Group

- Discuss helpful strategies for dealing with TNBC in a relaxed and supportive environment

### YMCA Cancer Survivor Fitness Program

- Fitness program with oncology certified instructors and free three-month YMCA membership

### Integrative Medicine Reiki, Massage or Acupuncture

- Help relieve the side effects of cancer treatments
- Initial appointment complimentary for oncology patients

### Metastatic Breast Cancer Support Group

- Opportunity to share experiences, exchange information and discuss challenges with other women with MBC

### Nutrition Consultation

- To help you manage side effects during treatment or ensure that you maintain a healthy lifestyle

### Individual and Family Counseling

- Licensed marriage and family therapist available to provide guidance to patients

### Spiritual Care

- Assists patients with the emotional and spiritual impact of illness

### Circle of Friends Program

- One-on-one breast cancer support and education
- Supported by American Cancer Society

### Financial Navigation

- Provides cancer patients with financial guidance

To take advantage of any of these free support services, or if you have any questions, email Zarek Mena, OPN-CG, Certified Patient Navigator at The Smilow Family Breast Health Center, [Zarek.Mena@wchn.org](mailto:Zarek.Mena@wchn.org) or call (203) 852 2300.