

New York Breast Reconstruction & Aesthetic Plastic Surgery

2021

Year In Review

LETTER FROM NYBRA

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Dear Friends and Colleagues,

As we enter 2022, we find ourselves looking back at 2021 with pride and hope. We have all spent a great deal of time talking about the difficulties and challenges the COVID-19 pandemic imposed on 2020. The beginning of last year found us, in many ways, worse for the wear. We had lost friends and colleagues to the disease. Our patients had been forced to wait for surgeries that affected their physical and mental wellbeing. We saw a medical community—our community—that was simply exhausted. But we also saw an opportunity to use the hard-learned lessons that 2020 had thrust upon us in service of that community. Vaccines provided a light at the end of the tunnel. We marched toward it, more committed than ever, armed with new communication tools and renewed determination.

We doubled-down on fundraising efforts to help fill 2020 gaps. It was fitting that it marked our 20 year anniversary as Making Strides Flagship Sponsors. We were grateful to be able to celebrate that milestone together, in person, and worked harder than ever to raise money for breast cancer research. We also found new ways to fundraise using creative projects, like “Before the After” and “Restored.”

Communication challenges in 2020 brought a few technological advancements that we enhanced in 2021. We launched our new website, [NYBRA.COM](https://www.nybra.com), to offer comprehensive, dynamic information to patients from the comfort of home, including a NYBRA Plastic Surgery Shop to facilitate easy access to post-operative care items. We realized that the rise in telemedicine was a good thing: it allowed us to offer easy consultations to patients in other parts of the country. We continued to explore enhanced communication through tools like the live translation device that lives in our office and expanded social media use. Webinars and Instagram Live sessions proved effective, accessible education tools that we continue to use. They expanded our reach, partnerships, and access to different voices.

We built and strengthened community partnerships. In addition to our continued work with the American Cancer Society, we built relationships with BRCAstrong, the DiepC Foundation, and Learn, Look, Locate. We strengthened ties to the AiRS Foundation and helped smaller community efforts like Pink Pom Pom get on their feet.

We are so proud of our patients, who also worked to restore our community. Not only did they step up to raise money for Making Strides, their friends and families got involved to make it an even more meaningful year.

This book reflects a sampling of those combined efforts. It offers a glimpse into the work our patients and team put into 2021. We look forward to maintaining this momentum in 2022.

In keeping with the spirit of giving, we’re kicking off this year with a donation in lieu of a traditional New Year’s gift.



Randall S. Feingold, MD



Ron Israeli, MD



Peter Korn, MD



David Light, MD



Jonathan Bank, MD

Now More Than Ever, Trust in Our Caregivers

By The NYBRA Team

The COVID-19 pandemic is not over. Now more than ever, it's essential to make informed decisions about your health. If you are among those people who are still considering whether they should be vaccinated, it is crucial to look at the facts, figures, and statistics associated with the vaccine, which show that it is overwhelmingly safe and effective when it comes to reducing hospitalizations and preventing the spread of COVID-19.

When independent research falls short or leaves you with questions, it's time to talk to a trusted healthcare professional. That's what Dr. Randall Feingold's patient, Christina, did.

Christina is a four-time breast cancer survivor. She has worked with Dr. Feingold for over twenty years.

"Dr. Feingold has supported me in the darkest and most fearful moments of my life. His passion and profound perfection has given me hope, ease and confidence throughout my journey, when I felt my health and womanhood were compromised," she said.

As the COVID-19 pandemic unfolded and the world descended into uncertainty, Christina felt sure of one

thing: she did not want the vaccine. That all changed when she visited Dr. Feingold this year.

"We had a conversation in which he suggested that I get vaccinated, based on statistics, and without hesitation I went home and told my husband 'Get ready: we are getting vaccinated!'"

Christina said that Dr. Feingold's data-based encouragement coupled with his overall medical knowledge made her feel confident that vaccination was the right choice.

"I wholeheartedly trust Dr. Feingold, as everything he has advised to me thus far—over 20 years—has been precise. I encourage those in doubt to reconsider getting vaccinated as it just may help us to get back to a normalcy which many of us have taken for granted all of our lives," she said.

Dr. Feingold said he was happy that she chose to be vaccinated, but that more than anything, he appreciated her willingness to discuss this vital topic.

"I am humbled by her trust, grateful for her enduring health and self-esteem, and I pray for us all that safety returns to our lives soon," Dr. Feingold said. ■

PATIENT CONNECTIONS





Ron Israeli, MD with
Jen Rozenbaum
(Photo by [Jen Rozenbaum](#))

Jen Rozenbaum receiving
the American Society of
Plastic Surgeons 2021
Patient of Courage Award
in Atlanta, Georgia
(Photo by [Riverview
Photography](#))



Jen Rozenbaum is an American Society of Plastic Surgeons 2021 Patient of Courage

By Ron Israeli, MD

Every year, the American Society of Plastic Surgeons recognizes a select group of patients who have been restored through reconstructive plastic surgery and used that restoration to uplift others. These Patients of Courage influence the lives of people around them through charitable actions and community work.

This year, I had the honor of nominating my patient, Jen Rozenbaum, who has used the powers of photography, social media, and public speaking to share her breast cancer story. I am pleased and proud to announce that Jen was selected and honored at the American Society of Plastic Surgeons conference in Atlanta, Georgia.

Jen was diagnosed with breast cancer in 2017 at the age of 41. Her treatment included bilateral mastectomies, staged tissue expander-implant reconstruction, and chemotherapy.

At the time of her diagnosis, Jen immediately knew that making her journey public was part of her life's purpose. As a professional portrait and boudoir photographer, Jen had experience using her camera to help empower women. In her 2015 TEDx Talk, Jen describes how she first chose to use photography as a tool to help women celebrate their femininity shamelessly. She gained a following of women around the world by being vocal about women's issues.

Jen took to social media throughout her breast cancer treatment, dedicating herself to helping provide reliable information and emotional support to those facing a new breast cancer diagnosis. She began to chronicle her breast cancer and breast reconstruction journey for thousands of subscribers on her YouTube channel. Through her Life After Breast Cancer Facebook group, Jen has counseled hundreds of breast cancer survivors, with many women looking up to her and her message of hope and strength.

While Jen was undergoing chemotherapy, she turned to photography as a tool for healing emotionally, and she started photographing women who had undergone surgery for breast cancer. Considered by Nikon to be "among the most talented visual artists of our generation," Jen has become a Nikon Ambassador recognized for empowering women with her photography.

Jen uses her photography to show the women behind the cancer, telling their stories and sharing their power. Although cancer isn't beautiful, the women it touches are, and Jen is using her talent to change the script of what women see online when they are newly diagnosed and facing the challenge of their lives. ■

A Patient's Intuition Takes Her a Thousand Miles

By The NYBRA Team

When Shenelle learned that her reconstructed breast implant had ruptured, she knew that she was going to need to do some research to get the care she needed.

Her DIEP flap research led her to NYBRA Plastic Surgery's Dr. David Light—all the way from Tullahoma, Tennessee.

"I quickly ended up on NYBRA's website. They had exceptional before and after photos. Everything that I read I was happy with. I really felt at peace with that direction, even though it was a thousand miles away. That was going to be a little challenging, but just like my own body knew that something was very wrong when I found the lump, I felt very strongly that this is what I needed to do."

This was not the first time that Shenelle had relied on her intuition, coupled with diligent, independent research to care for her body. She found a lump in her breast in 2013. A biopsy revealed that it was breast cancer. While her doctor in Tennessee recommended a mastectomy, they did not send her to an oncologist. They merely suggested that she may choose to see one at some point in the future.

Instead of proceeding with the mastectomy without further consultation, Shenelle followed her instincts. She sent herself to Cancer Treatment Centers of America in Newnan, Georgia, where doctors reevaluated her and found that she had BRCA 1 and BRCA 2 gene mutations. She underwent four months of chemotherapy, a hysterectomy, bilateral mastectomies, and expander-implant breast reconstruction.

Shenelle said that she was not totally satisfied with her final breast implant placement. She spoke up about it, but the comment was not well received, and the long process of self-advocacy and treatment had left her weary.

"I was tired of having surgery and treatment, and I decided that I was just going to leave well enough alone," she said.

In 2018, she received a letter informing her that the implants she had were among those associated with Breast Implant-Associated Anaplastic Large Cell Lymphoma. She wasn't feeling ill, so she chose to simply monitor her health.



... just like my own body knew that something was very wrong when i found the lump, I felt very strongly that this is what I needed to do.

In 2020, Shenelle underwent an MRI to evaluate her breast implants. At that point, she learned that one of her breast implants had ruptured.

Shenelle consulted with Dr. Light via telemedicine before ultimately coming to NYBRA for implant removal surgery and DIEP flap reconstruction. She said that the office was mindful of her travel, her work hours, and the time difference between New York and Tennessee throughout the process.

“They try to reserve my trips out there but still give me the same care. Dr. Light did the first consultation

by video, and he was very accommodating as far as my work hours. He was very compassionate which made things a lot easier.”

She said that Dr. Light went above and beyond before, during, and after surgery. Shenelle is currently awaiting a final revision procedure which will improve shape, revise her scars, and create a belly button.

“I am someone who has had a lot of experience with doctors, and this is the best experience of any doctor that I’ve ever had, with this office and Dr. Light. I’m extremely pleased with everything.” ■

No Surgery Today: One Patient Gets a Hopeful Surprise

By The NYBRA Team

Jennifer knew she planned to have more children after she was treated for breast cancer. She was a new mom and still breastfeeding at the time of her diagnosis.

“I did one round of IVF before chemo, and I froze thirteen embryos, so we assumed that we would use one of those embryos to have another child.”

Jennifer underwent bilateral nipple-sparing mastectomies with immediate TUG flap breast reconstruction by Dr. Randall Feingold, along with chemotherapy and radiation, to treat triple-negative breast cancer in 2020. She also received lupron shots—which help to protect natural fertility—throughout her treatment.

During her treatment, she was well-known for her resiliency and her top-notch multitasking abilities. She continued to attend nursing school throughout her treatment while she also parented her young child and even attended a Sisterhood of Support meeting from her car via Zoom!

“Jennifer is an example of a young woman who was determined to return to her life: as a wife, as a mother of a young child, as a nursing student and as an athlete. She was also determined to have a natural tissue reconstruction, and when we realized her abdomen was too small, she was not deterred. We were able to use her inner thigh tissue which is an excellent flap for achieving youthful breast projection. This creative use of microsurgery has already paid off dividends in the form of resilience after radiation therapy, and the ability to return her to physical sports such as kickboxing. She won’t have to manage the complications of implants after radiation, and she will likely have better sensation as well,” Dr. Feingold said.

She finished chemotherapy in August of 2020. Her oncologist recommended she wait two years before trying to conceive another child, which worked well with her schedule as a nursing student.

On April 6, 2021, Jennifer went to the hospital to have the second phase of her breast reconstruction. And that's when she received a surprise.

"All of a sudden, Dr. Feingold came in, and he said 'Mazel tov! It doesn't look like you're going to have surgery today!' I didn't know what he was talking about, and then he said 'oh, they didn't come in to tell you? You're pregnant!'"

"It was like an actual comedy routine in the pre-op. But it was so shocking. I didn't know how to feel at first. I was scared and worried."

Consultations with her gynecologist and oncologist reassured her that the pregnancy was safe and that she was already ten weeks along. That's when she was able to relax enough to be excited. Jennifer continued to be a master multitasker right through her pregnancy—she even found time to join Dr. Feingold at a Sharsheret event on breast reconstruction during Breast Cancer Awareness Month! ■



Extended Mesh Repair: A Novel Solution for a Novel Type of Hernia

By The NYBRA Team

Donor site hernias are an unfortunate reality for some women who have undergone natural tissue breast reconstruction using abdominal tissue. While rare, for many years, they proved difficult or impossible to reliably repair.

Over the past twenty years, Drs. Ron Israeli and George DeNoto worked together to develop and refine one of the first reliable approaches to abdominal wall reconstruction. They joined the DiepC Foundation on YouTube to present their Extended Mesh Repair approach. Read on for highlights from the presentation.

The approach developed over several years.

Drs. Israeli and DeNoto met as residents. Dr. DeNoto went into general surgery, Dr. Israeli plastic surgery. Dr. DeNoto explained that he started seeing patients who developed bulges after TRAM flap operations. When traditional techniques failed, he turned to his colleague.

“I wanted a better understanding of what was going on with these TRAM flap hernias, and Ron enlightened me with that. We began working on this together and came up with this very anatomical—and now time-tested—repair,” Dr. DeNoto said.

Donor site hernias are most common after TRAM flap breast reconstruction.

Most patients do not develop a hernia after an abdominal flap breast reconstruction. While a hernia can develop after TRAM or DIEP flap breast reconstruction, it is much more common with the TRAM flap than it is with the DIEP. DIEP flaps preserve the muscle, lowering the risk. The incidence of hernias in TRAM flaps can be as high as fifty-percent.

Conventional hernia repair options do not work, because these are not conventional hernias.

“A hernia, by definition, is an actual defect in the fascia, a hole in the fascia, through which the contents of the abdomen can protrude,” Dr. Israeli explained. “Repair of this problem is not a traditional repair, because it’s not a traditional hernia.”

These ‘hernias’ are actually abdominal wall bulges, which happen when missing or neurologically compromised muscle causes healthy muscles to slide out of position, leaving the abdominal wall without vital support.

“The two innermost muscle layers on the sides slip away from where the rectus used to be, and they need to be, almost like a window shade opening they roll up laterally,” Dr. DeNoto said.

Drs. Israeli and DeNoto’s technique involves separating components of the abdominal wall to identify and correct the precise points of weakness.

“In order to tell what’s going on, you actually have to open up, release the external oblique muscle lateral to where the rectus muscle was, to the side of where the rectus is, and as soon as you open up that external oblique, it’s opening up a book. You can see the other layers of muscles underneath, and you can make a diagnosis of exactly where the weakness is,” Dr. Israeli explained.

After the doctors have identified the area of weakness, they plicate it and repair it directly. Then, they place the extended mesh. Rather than placing it across the whole abdomen, they secure it to the external obliques.

The Extended Mesh Repair technique is less invasive and more effective than other approaches.

“This is a reliable approach; it provides a nice aesthetic correction of the contour deformity, and one of the keys is that this is extraperitoneal. A lot of the traditional approaches to hernia repair—especially these large, TRAM donor site hernias—the surgeon is going to go through the midline, instead of laterally, where the problem is,” Dr. Israeli explained. ■



Ron Israeli, MD with George DeNoto III, MD, Director of General Surgery at St. Francis Hospital—pictured here at the annual Abdominal Wall Reconstruction meeting where their technique for TRAM bulge repair was presented. This technique was originally published in the Annals of Plastic Surgery in 2009 and in the Atlas of Abdominal Wall Surgery in 2016

Dr. David Light Talks Telemedicine, Shared Decision Making and More with the DiepC Foundation

By The NYBRA Team

The pandemic has changed a lot of things about how medicine is practiced. While it has created countless challenges, it has also presented unique opportunities. Time at home prompted some patients to research and educate themselves. Telemedicine opened doors for traveling patients. Dr. David Light sat down with Terri Coutee of the [DiepC foundation](#) to talk about these shifts and more.

Read on for highlights from the conversation.

The power of telemedicine extends beyond its ability to facilitate pandemic medical care.

“I think the silver lining for us in the pandemic was sort of realizing the power of telemedicine and using it more often. Our focus is on autologous breast reconstruction and microsurgical breast reconstruction—that’s not offered everywhere. Because of that limited access to care in many places in the United States, there was always an element of travel to our practice,” Dr. Light explained.

Telemedicine allows patients from other parts of the country—and even the world—to explore their reconstruction options interactively. He said that many patients did research during the pandemic, which led to

an uptick in revision patients. Many of those individuals were able to reach out virtually to speak to NYBRA doctors as they determined whether they wanted to travel for care. He went on to say that traveling to meet a doctor is not only costly; it’s time consuming.

“It can be time away from family, time away from work, and you’re really doing it all to kind of make an introduction and meet that person. The great thing about telemedicine is that you can make that introduction very easily.”

While telemedicine is a great tool for introductions, it is not a substitute for in-person contact.

“I never operate on someone just based on a telemedicine visit. There always has to be an in-person visit for a number of different reasons.”

He explained that the in-person visit allows surgeons to do a proper physical examination and gives patients an opportunity to meet nurses, PAs, and other health professionals involved in their care. It helps them understand the practice with which they’re becoming involved and shows them all of the available resources.

“It’s our job to successfully educate our patients on what their options are, what the advantages and disadvantages of each of those options are, and what it means if they go down that path.”

Patient education fosters shared decision making.

Terri asked how shared decision making occurs in the practice. Dr. Light said it’s almost exclusively a matter of education.

“It’s our job to successfully educate our patients on what their options are, what the advantages and disadvantages of each of those options are, and what it means if they go down that path and choose that reconstructive option.”

He said that the concept was very simple from there. Patient education shifts a doctor’s role from an older, paternalistic model, to one that is collaborative.

“You’re really having a discussion as a partner, as an educator, as kind of a team member with them, and you’re empowering them to make an informed decision.”

It’s essential for patients to be informed on both the immediate and long-term advantages and disadvantages of each viable option.

“They really need to know the key concerns for the procedure and what it means to have that procedure a year after surgery, five years after surgery, ten years after surgery.”



Dr. Light said that as surgeons, it’s important to empathize with patients who are inundated with information. It’s important to give them time: if a patient can’t make a decision, they either have not heard all of the information or they need time to process it.

“Once you’ve gone through the advantages and disadvantages, you can’t make a wrong choice, you just need to make the choice that’s right for you.”

Outcomes improve when patients are active partners in care.

Dr. Light said that once a patient really understands the risks and benefits and makes a decision based on their individual needs and goals, everything goes more

smoothly. Patients feel prepared and in control, even if things do not go flawlessly. Doctor and patient are able to work together through any problems that arise.

“It’s a great feeling, because now you’re invested, and they’re invested,” he said. ■

New Approaches to Breast Reconstruction: The Importance of Adapting as Surgeons

By Peter Korn, MD

Breast reconstruction has evolved tremendously over the last twenty years of my surgical career. We have improved upon existing procedures such as the DIEP flap that has become the best and most reliable option for tissue-based breast reconstruction for the great majority of patients. Furthermore, new approaches were developed that can accommodate a wider range of patients for whom the DIEP flap isn't the best flap option. For patients who have more tissue in the thighs rather than the abdomen, I have successfully introduced flap options from the thigh, such as the TUG, PAP, and LTP flap to the Long Island community. It is important for surgeons to be experienced in all current procedures for breast reconstruction and to continue to innovate in order to provide patients with the best options for them.

More recently, I introduced a further refinement of the DIEP flap procedure to our community. When we do a DIEP flap reconstruction, surgeons have to ensure to provide sufficient blood supply to the tissue by selecting the best branches of the epigastric vessel feeding into the tissue. Traditionally, if two branches are needed and are separated by muscle fibers, the surgeon can't keep both branches without sacrificing the muscle in between. For some patients who have such vascular



branching patterns, this can limit the option of the DIEP flap, or require unnecessary division of muscle to ensure proper blood supply.

A recent patient of mine was not a candidate for a regular DIEP flap because of the small size of her blood vessels and muscle in between. However, performing a procedure that uses microsurgical reconfiguration of

the blood supply, I was able to use the desired abdominal tissue as in a DIEP flap procedure. To ensure proper blood supply it allows us to include more blood vessels by dividing the blood vessels in the flap donor area rather than dividing the muscles. The blood vessels are then reconnected using microsurgical techniques to preserve multiple sources of blood flow to the flap. In certain patients, this is needed to provide a quality breast reconstruction outcome while maintaining abdominal strength. This recent innovation helped me offer this patient the reconstruction she wanted, using her abdomen in the safest way possible while preserving her abdominal wall strength.

The DIEP flap remains the preferred natural tissue breast reconstruction procedure. However, everyone has different anatomy, and it is important for surgeons to be able to change the plan if necessary, to provide the best result with the available anatomy. ■

An Innovative Patient Makes Reconstruction Recovery Easier

By Peter Korn, MD

Breast reconstruction is physically demanding. Even with the best preparation, the early recovery period following mastectomy and reconstruction can make basic tasks like sitting up and lifting your arms difficult. Many patients have trouble anticipating these challenges, as they have never experienced anything like them before.

One of my patients, Sabine, found her postoperative physical state to be particularly surprising. She was fit and active, with young children before surgery. Despite preparation, she was taken aback by the strain her bilateral mastectomies with implant reconstruction put on her body.

Sabine became involved with organizations like the Manhasset Women's Coalition Against Breast Cancer and the Lean On Me Breast Cancer Network in order to help other women, but her experience also

sparked an idea. Sabine is an engineer, which gave her a unique way of looking at post-mastectomy quality of life. She saw the fact that she could not sit up on her own as a problem that could be handled with a well-engineered product and channeled her frustration into designing a device.

Sabine created the LiftMeUp recliner, a motorized device that transforms any bed into an adjustable, electric bed. The device is designed to move patients from laying down to sitting upright at a customizable angle with the touch of a button. I recommend the LiftMeUp to patients undergoing DIEP Flap breast reconstruction. It makes it much easier to read, watch TV, and get yourself up on your own.



Our team works very hard to prepare all of our patients for a successful recovery. It's wonderful to have a device designed by someone who has been through this process available as a tool we can recommend. ■

DOCTOR CORNER



Welcoming a New Addition to Our Office: LanguageLine InSight Video Interpreting

By Randall S. Feingold, MD

Our practice places a lot of emphasis on effective communication. As a physician, I cannot address, treat, or recommend solutions for problems that I do not understand. And it is just as important, if not more so, for patients to be able to understand me as well in order to proceed with surgery. This requires extensive conversation and relationship building.

Language barriers are among the greatest challenges we face when it comes to patient communication. There are plenty of translation apps, but a discussion is more than the sum of its parts. Word-by-word translations often provide only pieces of the puzzle without successfully conveying intention, meaning, or language-specific inflections. That is why we were so pleased to add a LanguageLine InSight Video Interpreting interface to our office, to better serve patients for whom English is not a primary or preferred language, and for those who require Sign Language.

The LanguageLine machine brings a human translator to our office virtually at the stroke of a button. Our patients can speak directly to the interpreter who is then able to speak to us and vice versa. Live interpreters are well-versed in the inflections and idioms of the patient's most comfortable language. They can translate those key discussion elements to us, and they are also able to translate the nuances of English in ways that our patients can understand.

I have had the pleasure of using this resource many times for Mandarin, Cantonese, Russian and Spanish speaking patients. Because of the large Mandarin speaking population in NY, this has been a critical tool in consulting with women seeking breast reconstruction, eyelid surgery and rhinoplasty. At the end of our consultation, we both feel confident and comfortable understanding the patient's goals and the surgical plan. ■

Breast Relief: New Approaches to an Old Problem

By Jonathan Bank, MD

Breast cancer affects one in eight women across the United States. What is often overlooked is that a significant percentage of those women will go on to develop Post-Mastectomy Pain Syndrome (PMPS, a chronic pain after mastectomy that can persist in the breast, chest, and underarm areas for years.

We believe that trauma from surgery can affect the sensory nerves in the breast and chest, which is the driving force behind this condition. These nerves are often disturbed as part of standard mastectomy techniques. It is difficult to manage the repercussions of nerve damage in the chest, breast, and axillary (armpit areas). Our experience has taught us that appropriate nerve handling during the mastectomy may avoid the problem completely. Nerve pain diagnosis, treatment, and prevention may be under-addressed in the breast.

That's why we developed [Breast Relief](#), a unique, multidisciplinary clinical and research initiative that aims to address and prevent PMPS. We launched [breastrelief.com](#) dedicated to this topic. Read on for some background on what we know now.

PMPS is not a new discovery.

PMPS was first described in 1978. At that time, when breast cancer treatment was focused on survival rather than quality of life, it was considered acceptable.

Breast Relief aims to shift paradigms in surgical breast cancer treatment by diagnosing patients, systematically treating them, and educating healthcare and patient communities on long-term pain.

Neuropathic pain is a key diagnostic criterion.

Neuropathic pain comes from damage to the nerve. Patients frequently describe the sensation as burning, itching, or “electric shocks.”

Most diagnostic criteria describe PMPS as neuropathic pain of at least moderate severity in the breast, underarm, or arm area that has persisted for at least six months and may worsen with shoulder movement. While this set of criteria varies by paper and research institution, neuropathic pain is a consistently essential component.

Some diagnostic criteria recommend that the condition be renamed Post-Breast Surgery Pain Syndrome, since it can afflict patients who have undergone breast conservation therapy and cosmetic breast procedures.

Incidence appears high.

We estimate that PMPS may affect up to 20-70% of women who have undergone breast surgery. Some research points to a lower 8-9%. What we do know is that it can persist for many years, and it fluctuates with time in many patients.



Age, BMI, and psychological conditions could be risk factors.

Evidence suggests that younger patients have a higher chance of developing PMPS. This may be due to the fact that these patients often have higher grade tumors that require more aggressive therapies. Some research also indicates that mood disorders—like anxiety and depression—and BMI may relate to PMPS. Patients who report higher levels of pain immediately following surgery have the highest risk of developing a chronic issue.

It's been linked to some surgical techniques.

Complete axillary lymph node dissection is associated with greater PMPS development risk than sentinel lymph node biopsy. Radiation has also been linked to the condition. Breast Conservation Therapy may carry more PMPS risk than mastectomy, even controlling for radiation. There is no clear set of studies that show that any specific type of reconstruction is associated with more or less pain.

Nerve protection is the most consistently successful prevention method.

Nerve preservation improves outcomes. In some cases, proper nerve handling can avoid the problem altogether. For example, when breast surgeons are protective of

nerves in the armpit area during an axillary lymph node dissection there's much less incidence of PMPS. There are many other nerves in the chest breast area that we believe should be protected or managed appropriately if they cannot be preserved.

The new Breast Relief website details our treatment approach, which can include pain management, physical therapy, regional anesthesia, and—for some patients—surgical interventions. Check out the site to learn more about what we can do to prevent and mitigate this chronic pain condition. We published our treatment paradigm in the July edition of “Plastic and Reconstructive Surgery - Global Open,” one of our profession's main journals with an international readership, and have successfully treated dozens of patients with this issue this year. ■



Our Community Partnerships

We're committed to multiplying our impact every year. That's what makes community partnerships so important to us. These organizations fund research, offer patients comfort, support, and financial assistance, and provide key health education. Through partnerships with BRCAStrong and the DiepC Foundation, our team discussed everything from surgical considerations and physical recovery to available options, healthy emotional coping skills, and more via YouTube, Facebook, and Instagram Live. We helped Pink Pom Pom get started on the road to providing breast cancer patients with boxes of cheer and supported BRCAStrong's continued efforts to send pre-mastectomy care packages to those in need. Our partners' platforms create opportunities for us to share our knowledge further than we could on our own and to learn more about what patients and loved ones need and how we can better serve the community as a whole.

- [Adelphi Breast Cancer Program](#)
- [AiRS Foundation](#)
- [American Cancer Society
Doctors of Distinction Golf
Invitational –Chairman](#)
- [American Cancer Society
Making Strides Against Breast
Cancer Walk –Flagship Sponsor](#)
- [Beth C. Tortolani Foundation](#)
- [BRCAStrong](#)
- [BreastReconstruction.org](#)
- [DiepC Foundation](#)
- [Lean on Me Breast Cancer Network](#)
- [Manhasset Women's Coalition
Against Breast Cancer](#)
- [METAvivor](#)
- [Pink Aid](#)
- [Pink Pom Pom](#)
- [Sharsheret](#)
- [The Breasties](#)



Evan Sternschein, Randall Feingold, MD, Len Novick



(Top) David Bernstein, MD & Randall Feingold, MD
(Bottom) Randall Feingold, MD speaking at the event

Doctors of Distinction

By Randall S. Feingold, MD

Fourteen years ago, I was asked to create an event to support fundraising for the American Cancer Society. Borne out of my love for providing empathetic, state of the art breast reconstruction for women who undergo mastectomy for breast cancer or a BRCA gene mutation, I chose golf, the “greatest game,” a sport comprised of skill and zen, competition and camaraderie, and a love of nature.

There may be many golf outings each year, but I focused on curating a boutique event, played at the most sought-after golf courses, honoring the thought leaders in medicine that have impacted cancer care. Our venues have included The Creek, Winged Foot, Maidstone, Sebonack, Meadow Brook Hunt, Glen Oaks, Atlantic, and Piping Rock. Through spring rains, summer heatwaves, and even a pandemic, together we have been able to sustain this experience for fourteen years!

This year’s Honoree was David Bernstein, MD, FAASLD, FACP, FACG, AGAF, Vice Chairman of Medicine for Clinical Trials, Chief, Hepatology and Director, Sandra Atlas Bass Center for Liver Diseases, Northwell Health, Professor of Medicine and Education Science, Zucker School of Medicine at Hofstra/Northwell. The event was held at the Mill River Club in Oyster Bay, NY on Monday, August 16th. We are so grateful for all those who participated in or sponsored this event. We look forward to next year! ■

Two Decades of Making Strides Against Breast Cancer

By The NYBRA Team

This year marked the 20th Anniversary of NYBRA's relationship with [Making Strides of Long Island](#). We once again gathered on a windy morning at Jones Beach, before sunrise, to walk against this disease together. In addition to celebrating two decades of partnership, we also celebrated dozens of reunions and triumphs.

It was an action-packed morning full of much-awaited hugs between patients, friends, colleagues, and doctors who had not seen each other in person throughout COVID.

NYBRA doctors, patients, and colleagues converged beneath our tent on Sunday morning. Dr. Jonathan Bank spread the word about his new book, "[Before the After](#)", which benefits Making Strides. Dr. Ron Israeli's patient, Laurie, was featured on News 12 Long Island. Physical Therapist, Diana Tjaden spoke about her role in [Breast Relief](#). Dr. Susan Palleschi and her daughter, Gianna, came out to talk about Gianna's organization, [Pink Pom Pom](#). We were delighted to see so many helpful faces.

Since 2000, you've helped us raise over \$1.5 million for cancer care and research for the American Cancer Society. This year, we were the #1 company fundraiser for Making Strides Against Breast Cancer on Long Island. We are ranked #12 nationally for fundraising and are among brands including Chevrolet, Walmart and Avon. ■





GIVING TUESDAY

Giving Tuesday is a global fundraising movement that harnesses the holiday season's spirit of giving to unleash a tide of goodwill that shapes our communities and the world. This year, we continued our efforts to raise funds for Making Strides Against Breast Cancer for Giving Tuesday. We are proud that our patients and families raised \$3,300 for this campaign, surpassing our \$1,000 goal. Thank you to all those who donated. Your contributions truly make a difference.





2021 Making Strides Against Breast Cancer Walk at Jones Beach–October 17, 2021



COMMUNITY

Walking Through the Complications: This Patient Is Ready to Fight For Others

By Ron Israeli, MD

Every so often, we encounter challenges that can make recovery difficult or require additional stages of surgery. My patient Laurie knows this well.

Laurie's life was touched by cancer long before her own breast cancer diagnosis.

"I'm a nurse. I got into nursing because I had friends who died of breast and lung cancer," she said.

Laurie was diagnosed with DCIS in two places in her left breast in October of 2020. She had issues with her breasts for years, so she chose to have bilateral mastectomies with DIEP flap breast reconstruction. After surgery, she learned that the DCIS was more extensive than her surgeons anticipated: she had made the right choice.

Her recovery was not a straight path. She faced unusual challenges after surgeries. From prior pregnancies, Laurie already had weakness in her abdominal wall that resulted in bulging that needed to be repaired. I always knew that Laurie and I were

going to get through all of this together. Every step of the way, she has been a trooper.

She scheduled her hernia repair surgery for July of 2021. Then, her adoptive father fell ill.

"My stepdad who raised me died, and I knew I couldn't do it. I had to postpone the surgery," she said.

She rescheduled her hernia repair surgery for September 13, 2021. Amid all the difficulties placed in her path, Laurie had yet another thing on her mind: Making Strides. She wanted to create a team when her hernia repair was planned in July. Her new date was just four weeks before the walk. Despite a challenging recovery, the short window of time between her operation and the walk, and the fact that she also lost her biological father shortly after the procedure, she decided that she still wanted to walk.

"I'm just thankful that I'm here. I see one of my really good friends fighting for her life. I'm grateful that I'm here, and I have two legs, and I'm going to walk!"



True to her word, Laurie came out to walk, surrounded by friends and teammates. [News 12 Long Island](#) caught wind of what she had been through and how committed she was to helping other women while still in recovery herself and asked her to speak. Her indomitable spirit was captured as part of their Making Strides Against Breast Cancer coverage! We're so proud of her, the work she's doing to uplift other patients, and her willingness to stand up and speak publicly about breast cancer. ■





Dr. Ron Israeli with "Restored" exhibit–2012 American Society of Plastic Surgeons meeting in New Orleans



"Restored" exhibit–Zucker School of Medicine at Hofstra/Northwell in 2017

Dr. Israeli has studied classical European sculpture techniques, and he began creating life cast sculptures of his mastectomy and breast reconstruction patients in 2010. His first series of life cast sculptures, "[Restored](#)," was included in an exhibit at the 2012 American Society of Plastic Surgeons Annual Meeting in New Orleans. In 2017, "Restored" was exhibited at the Zucker School of Medicine at Hofstra/Northwell, as part of their "Reclaiming Life After Mastectomy" program featuring three of Dr. Israeli's patients speaking about their breast cancer journey. A short documentary film, also titled "Restored," was created featuring the positive psychological impact of this life cast project on one of his patients.

"Restored" Anniversary and New Project Collaboration

By Ron Israeli, MD

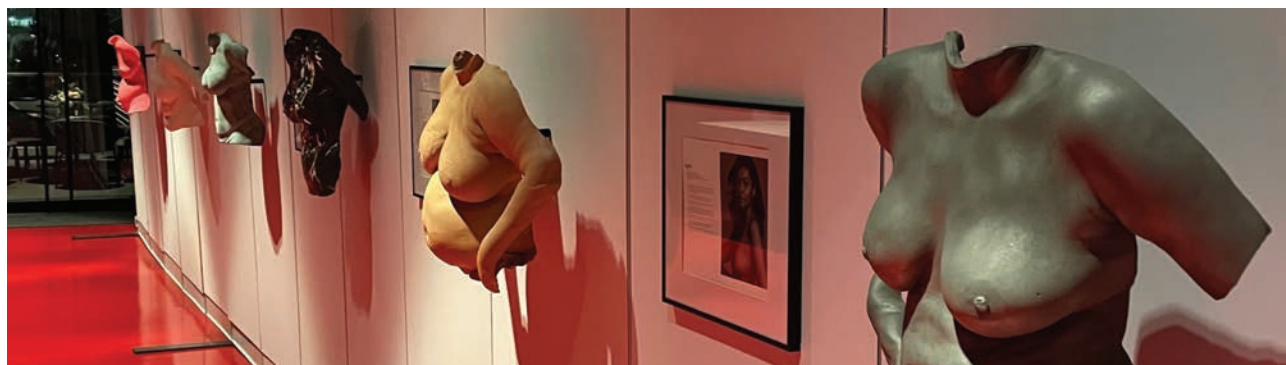
My original life cast project, "Restored," debuted nine years ago at the American Society of Plastic Surgeons (ASPS) 81st annual meeting. That year was also the first recognizing Breast Reconstruction Awareness Day USA.

The original project exhibited in 2012 included a short documentary film featuring one of my patients, Lucienne Colombo, and provided an understanding of Lucienne's experience with cancer — from the shock of diagnosis to the depths of treatment to the relief of being cancer-free.

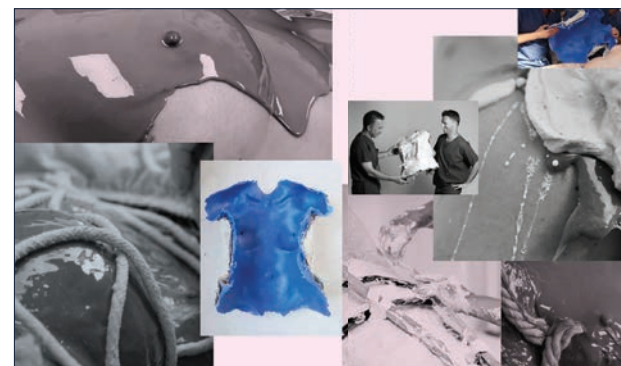
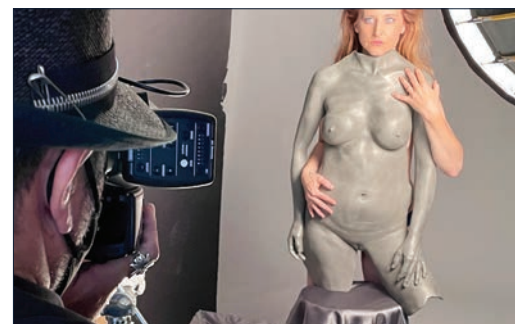
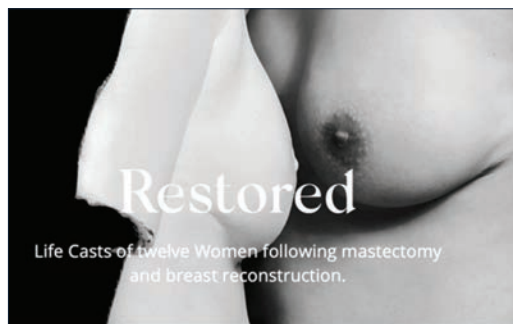
In the film, as the silicone mold for her life cast was being removed from her body, Lucienne shared what she felt. "It was the end, it was like putting it to sleep," Lucienne explained. "When they were peeling it off me, it was like – I'm free, I'm free... I was free in so many different ways. It was time to live."

In 2021, "Restored" returned with a renewed effort. To create a new life cast project, I collaborated with my partner Dr. Jonathan Bank, as well as with FormCollaborative and Allergan Aesthetics. This new iteration of the original project "Restored" includes 12 incredible women after mastectomy and breast reconstruction, incorporating photographs, textures, and other artistic elements beyond the individual sculptures. This series debuted in an exhibit at the 2021 ASPS Meeting in Atlanta in October and at an NYC exhibit in November.

The project culminated in a beautiful coffee table book, which can be purchased with proceeds benefiting the Alliance in Reconstructive Surgery (AiRS) Foundation. ■



*"Restored"
exhibit-2021
American Society
of Plastic Surgeons
meeting in Atlanta*



These photos show the process of creating “Restored” featuring Ron Israeli, MD and Jonathan Bank, MD, women from the project and the Times Square billboard showcasing “Restored” on November 15, 2021, including photos by Erez Sabag



(Left to right) Morgan Hare of the AiRS Foundation, Jonathan Bank, MD, Ron Israeli, MD and Kourtney Cavallio of Allergan Aesthetics at the NYC "Restored" exhibit at Lavan541



"Before the After": A serendipitous look, in a new book

By Jonathan Bank, MD

Breast reconstruction is meant to support and empower breast cancer patients. The goal is to help patients reclaim their identities after treatment. I've created several artistic endeavors in service of that objective. Some of you may have read about or seen "[Reconstructed](#)," which embraced the Japanese art of kintsugi to show strength and beauty in adversity. I also recently collaborated with Dr. Ron Israeli on "Restored", which also unites art and science to showcase physical and emotional restoration after mastectomy.

I'm excited about another project I created in the same vein, with the support of Canon, the American Cancer Society, specifically Making Strides Against Breast Cancer of Long Island, Gallery23 and Mixtiles. This collaboration is titled, "Before the After," a book that returns to simple images that capture the essence of my

reconstructive work.

As part of routine practice, standardized before and after photographs are taken by the surgeon. For this project, I reviewed a series of photos from the start of my career to the current day, and selected 24 sets of serendipitous frames, caught during the awkward moments of pre- and post-surgical posing. These frames captured my patients' expressions before and after surgery.

I asked each woman to write about her feelings, looking back at herself in those moments. The resulting book includes each patient's thoughts alongside her image set. Proceeds from the sale of this book benefit Making Strides Against Breast Cancer. ■

Looking Back on the History of Breast Reconstruction for [BRA Day](#)

By The NYBRA Team

Breast reconstruction has evolved substantially in recent years. As we evaluate current options and advocate for the physical and emotional restoration that current procedures can offer, it's important to know what preceded those advances. Drs. Ron Israeli and Randall Feingold joined BRCAStrong to provide enlightening context to today's reconstructive landscape. The conversation touched on the introduction of mastectomy, a time when doctors believed that breast reconstruction could bring back breast cancer, the introduction of partial mastectomy, and more.

Read on for a few highlights from the discussion.

Mastectomy is a little over a hundred years old. Reconstruction is even younger.

"Before the late eighteen hundreds— late nineteenth century— there were no real options for treatment of breast cancer. The mastectomy operation wasn't defined until the late eighteen hundreds," Dr. Israeli said.

At the time when mastectomy was developed, breast reconstruction was underdeveloped and sometimes even discouraged.

Generations of surgeons believed that breast reconstruction could promote cancer recurrence.

"Halsted, who was famous for creating the radical mastectomy, which was very deforming, of course, actually admonished surgeons about doing reconstruction. His famous quote was that you shouldn't do anything to repair the woman's breast after surgery, lest it hasten the return of the breast cancer," Dr. Feingold said.

Less invasive approaches to breast cancer treatment, like lumpectomy, did not emerge for almost a century.

"When you look at how mastectomy has changed over the years, you can't overlook that partial mastectomy became popularized in the nineties as a way to preserve a breast," Dr. Feingold said.



Nipple sparing procedures were only popularized about a decade ago. At the time, there were unknown risks that fortunately bore out well in studies as time progressed. These types of less-invasive procedures proved safe and effective in terms of breast cancer treatment.

Advances in mastectomy directly fostered advances in breast reconstruction.

“Lumpectomy is less invasive than mastectomy. Skin sparing or nipple sparing mastectomy approaches are less invasive than old approaches to mastectomy. We’re realizing that less invasive approaches still allow us to get good outcomes from a cancer perspective and certainly from a plastic surgery or a reconstructive perspective,” Dr. Israeli explained.

The interplay between mastectomy and reconstructive improvements has been vital to patient mental health and decision-making.

The doctors pointed out that a less invasive mastectomy is still an emotionally and physically trying procedure.



When patients weigh whether to have a mastectomy or a lumpectomy, reconstruction is often a strong consideration.

“I think the quality that we can achieve today makes that decision easier,” Dr. Israeli said.

Mastectomy and reconstruction can reduce long-term treatment and surveillance, improving the quality of life for patients.

“A single episode of care, and it’s done for the rest of your life. I can see how it achieves peace of mind for them,” Dr. Feingold said. ■

Breast reconstruction has become a sub-specialty of plastic surgery and there have been incredible advances over the last two decades.

Know Your Breast Reconstruction Options

By The NYBRA Team

Breast reconstruction has become a rich and diverse surgical field over the past decade. Where patients once had extremely limited choices—if any—they now have multiple implant-based, natural tissue, and flat options. While it's encouraging, it also presents a new kind of problem for patients: how do you know what your options are? And how can you make informed choices within those options? Drs. Peter Korn, David Light, and Jonathan Bank joined BRCAStrong to talk about patient education and available options as the second part in a Breast Reconstruction Awareness Day collaboration.

Read on for a few highlights from the discussion.

Natural tissue reconstruction options vary patient-to-patient.

Dr. Light explained that natural tissue options are largely dictated by what already exists on a patient's body.

"A lot of flaps are based on areas where everyone has a little extra," he said.

If patients do not have enough "extra" in one site, stacked and hybrid options can help build volume. Stacked flaps use multiple flaps for one breast, meaning a single breast might be reconstructed using both an abdominal flap and a thigh flap. Hybrid breast reconstruction combines a flap and an implant.

Natural tissue and implant-based breast reconstruction options each come with their own unique set of pros and cons.

According to Dr. Korn, the implant or natural tissue reconstruction decision often comes down to a few key considerations: upkeep, scarring, and a patient's willingness to have a foreign object present within their body. While implants must be monitored and replaced after several years, natural tissue reconstruction is maintenance-free. However, flaps tend to come with more challenging recovery periods and additional scarring.

"I think the best advice is to go to a practice that focuses on breast reconstruction and has all the options available and can really specialize the treatment plan," he said.



Patients often choose to have a bilateral mastectomy for peace of mind and reconstructive symmetry.

Dr. Korn explained that more and more patients are choosing a double mastectomy in response to unilateral breast cancer. It both eases concerns about recurrence and offers an opportunity for more symmetrical breast reconstruction.

“The younger the patient is, the more meaningful it is. If you have a long life expectancy, the chance of something happening accumulates.”

He added that surgeons can only use a given natural tissue flap donor site once, meaning that if a patient has a DIEP flap to reconstruct just one breast, they cannot have another DIEP flap in the event that they experience a recurrence in the opposite breast.

“The DIEP flap is a one-time opportunity, and that certainly shapes the choice.”

Mastectomy and reconstructive surgical techniques can preserve or restore breast sensation.

Many women don’t know that there are options to reduce or prevent long-term post-mastectomy pain. Dr. Bank explained that the best way to avoid pain is to avoid cutting nerves unnecessarily during mastectomy. However, there are also options to reconnect nerves at the mastectomy site to nerves within a flap during or after natural tissue reconstruction to mitigate nerve damage. These procedures can help with chronic pain and discomfort.

“It’s one of the most satisfying parts of my practice right now, because the lady goes to sleep with pain and wakes up without it,” he said. ■

How do you know what your options are?

How can you make informed choices within those options?



Growing After Trauma: Understanding the Tenets of Post-Traumatic Growth

By Mollie Sugarman, Clinical Director of the Patient Empowerment Program

Traumatic events can feel like they halt your entire life. A breast cancer diagnosis can put the brakes not only on your life plans, but also on your emotions. While people often talk about Post-Traumatic Stress Disorder—a debilitating emotional disorder that can develop in individuals who have experienced a terrifying event—we often fail to discuss Post-Traumatic Growth.

It's important to acknowledge that working with your emotions is a process. Each person has a different timeline for how much they can deal with in a given time.

NYBRA's Patient Empowerment Program is rooted in the tenets of Post-Traumatic Growth, which encourages patients to move from feeling like a victim to victorious through various emotional tools provided to both them and to their significant others. This growth-oriented approach is an essential guiding force in NYBRA's Sisterhood of Support and in my individual work with patients. We have seen how a nurturing and integrative approach impacts one's physical and emotional restoration. It quells the intense anxiety patients and loved ones experience and increases patient compliance and trust. The tools provided in the Patient Empowerment Program help develop coping skills.

Post-Traumatic Growth is about mindset.

When someone heals from a trauma, so much of their recovery is determined by their mindset. I encourage my patients to acknowledge their fear, pain, and anxiety, but those emotions have to ride in the backseat. You are the driver. You are in control. If you focus on growing, you are already on your way to moving forward.

Don't just think about survival; think about thriving.

One of the most important ways to work toward Post-Traumatic Growth is to get beyond the survival mindset. Surviving is just the beginning. After it, you get to live your life! That is what should garner your focus. With your life before you, what can you learn from the experience of surviving? Ask yourself what you loved about your life before and what you feel you want or need to change in order to thrive.

Take advantage of pre-operative guided imagery

Guided imagery provides a tool that focuses on quieting the mind, quelling anxiety, and managing physical discomfort associated with surgery. It empowers our patients and their caregivers. ■

Patient Empowerment Program Be Informed Lecture Series

When you receive a cancer diagnosis, it's easy to feel as though you don't know which questions to ask or what information you need, let alone where to find that information. After all, how can you know what you need to know when you've never had to know it before?

Our monthly Be Informed Lecture Series provides patients with information and insights that are useful at every stage. Experts in the community come to NYBRA to give pro bono lectures on a range of topics, including genetic mutations, dietary insights, and the latest surgical techniques.

This year, we are grateful for the experts who shared their knowledge and education with the community. Recaps from each of these sessions as well as the complete recordings are available on our website.

A Conversation with Erna Busch-Devereaux, MD
Are You Hot? with Wendy Fried, MD
Bone Health with Eileen Y. Krim, MD
Breast Health and Natural Medicine with Pina LoGuidice, MD, LAc
Embracing the New You with Debora Barchilon, MD
Lymphedema Prevention & Treatment with Diane Raspanti
Motherhood is Within Your Reach with Avner Hershlag, MD, FACOG
Protect the Skin You're In with Sheryl L. Feingold, MD, FAAD
Tai Chi: Bringing Balance Into Your Life with Helen Lein
The Role Of Medical Oncology in Breast Cancer Treatment with Rajasree Roy, MD
The Role Of Physical Therapy with Diana Tjaden and Kathy Slaka
Three Strategies to Supercharge Your Anti-Cancer Kitchen with Rachel Beller, MS, RDN



Finding Your Narrative After Breast Cancer

By The NYBRA Team

A breast cancer diagnosis can feel like it rewrites your entire life. It can be challenging to know how to approach other people and your own life as you navigate the information you've received.

"We are the stories we tell ourselves. If we tell ourselves we are the victim of cancer, well that's who we become. So, we have to be very, very careful with the narratives and with the way in which we enhance who we are through the stories we tell ourselves or we diminish ourselves by putting ourselves down," Dr. Debora Barchilon explained in one of our Be Informed lectures.

Dr. Barchilon, who is a board-certified psychiatrist specializing in all aspects of mental health and wellness, joined us to talk about life during and after breast cancer.

Illness brings vulnerability—but the feeling is not new for any of us.

Dr. Barchilon explained that as children, we all feel extremely vulnerable. After we grow older and learn to care for ourselves, we sometimes forget that period of intense dependence upon other people. A cancer diagnosis can serve as a stark reminder of that vulnerability. The key is to acknowledge it without letting it consume you.

"We used to feel vulnerable. It's a fact. The illness brings that back to the surface. It's real. We are vulnerable. It's not just imaginary. But are we making way too much room for that vulnerability to settle and become part of our identity?"

The shift from vulnerable to victorious comes from within.

"Are we choosing to feel victimized or are we making the choice to reclaim victory and to inhabit that space created by our strength?" Dr. Barchilon asked.

The decision to live in that strength is one that requires daily practice. She suggested starting each day with a simple act of self-care, like getting up a little earlier to have tea or coffee or walking your dog and thinking about your intentions for the day.

"Do something to signify to yourself that you are the centerpiece of your day," she said.

Regardless of what you choose to share, your loved ones may know more than you think.

Dr. Barchilon is a breast cancer survivor herself. She said that she told her young children that the lump in her breast was not truly a problem but could eventually grow into

something dangerous. Years later, she realized that her kids had known the truth right along.

Just because people around you let you down does not always mean you need to let them go.

Most people who have experienced breast cancer have experienced disappointment concerning someone they know. Whether it's a friend who said they would help and failed to show up or relatives or partners who retreat, it's easy to wonder whether they are worth keeping in your life after you recover.

Dr. Barchilon encourages patients to consider what others might be going through in response to your illness. While you do not have to maintain every relationship, you may find that a little bit of careful consideration and compassion keeps you from cutting friends and family out too hastily.

“Accepting one’s limitations goes hand in hand with accepting others’ limitations. They don’t have to be perfect to be good friends to you.” ■



YEAR IN REVIEW

\$1.5 Million

raised for Making Strides
Against Breast Cancer

#1 on Long Island

for fundraising for Making Strides
Against Breast Cancer 2021

20 Years

of continued partnership
with Making Strides Against
Breast Cancer

Thousands

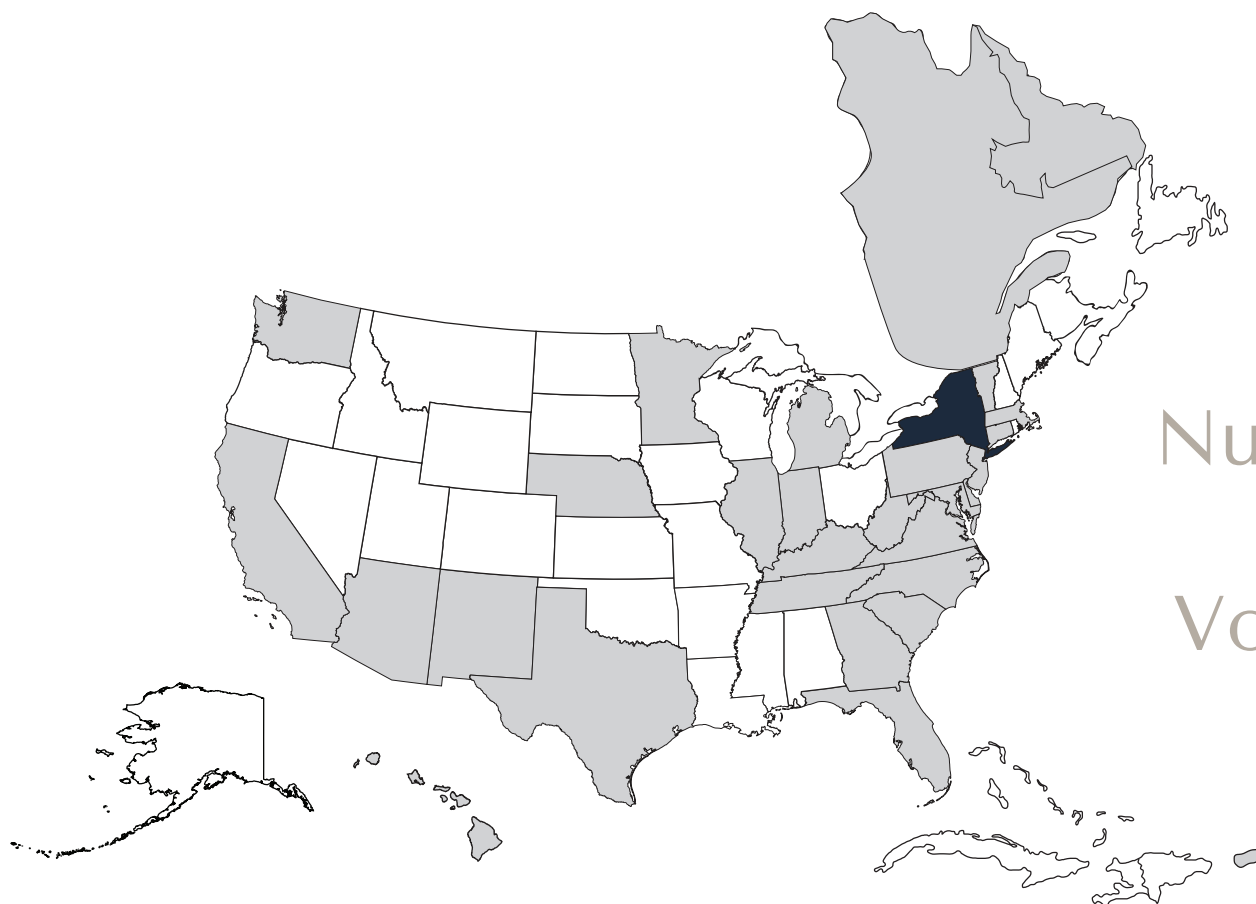
of hours of community support,
educational efforts, and social
media outreach in 2021

Virtual Support

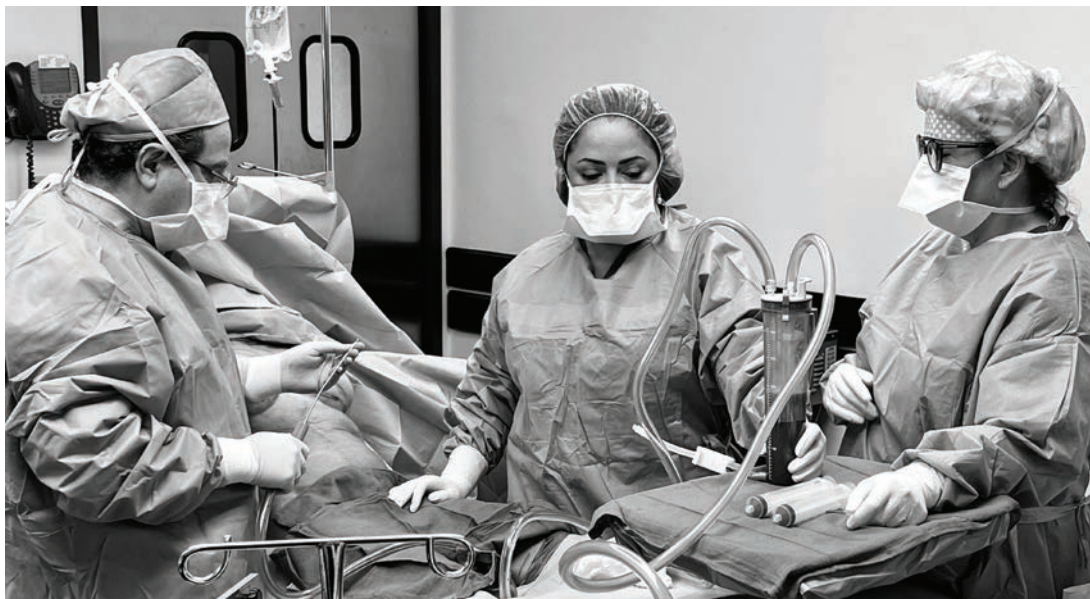
over 72 virtual support group
sessions and lectures for
patients and caregivers in 2021

501

unique ZIP codes for
our patients in 2021



Our
Numbers
Speak
Volumes



441

DIEP and other
free flap
reconstructions

258

implant
reconstructions

1,000+

secondary and revision
breast reconstruction
procedures

758

cosmetic surgeries
performed in our
operating room in 2021

Voices

"I had no idea on what to expect during my journey but had faith that every step and decision that I made would feel 'right for me'." ~ CHRISTINE

"The whole family gets affected by this disease, so we have to address the whole family's concerns and needs." ~ RAJASREE ROY, MD

"We are the stories we tell ourselves..." ~DEBORA BARCHILON, MD

"As all of us go through journeys, sometimes it's not easy to receive. Receiving this gift has really made a difference." ~ TRACY, BRCA STRONG

SISTERHOOD OF SUPPORT GROUP

"We could say things to each other. We could learn from each other's bumps and triumphs. We could learn from someone who was one step ahead or one step behind." ~ ANN

“I’m just really happy right now. And I met so many new people, too. It’s another part of my life now. A new part of my life opened up.” ~JACKIE

“It’s important to acknowledge that working with your emotions is a process.” ~MOLLIE SUGARMAN

“I want others to know there is light at the end of the tunnel. If you find a good doctor, there is light at the end of the tunnel. Don’t give up.” ~PEGGY

“It’s your attention to your inner self that’s so important.”

~ HELEN LEIN

“Community is an environment where strong bonds are formed and relationships endure.”

~ MOLLIE SUGARMAN

“You and your ability to heal are ten times stronger than your fear.” ~ PINA LOGIUDICE, ND, LAc



NYBRA

PLASTIC SURGERY

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