

# 2019

## 6<sup>th</sup> ANNUAL PLEA of GRNY CME ACCREDITED MULTIDISCIPLINARY CITY WIDE BREAST CANCER SEMINAR

### Wednesday, October 9, 2019

Locust Hill Country Club  
2000 Jefferson Road  
Pittsford, NY 14534

Relax, Enjoy and Learn



Co-Founders of PLEA of GRNY  
Douglas Belton, M.D., MBA, FRCPC  
Ruby L. Belton, M.D.

**Breast Cancer:**  
*Imaging Diagnosis & 2019 Treatment Updates*  
**Nutrition/Cancers/  
Chronic Diseases & You:**  
*2019 Part 2*  
*(Laypersons Role in Decreasing Risk Factors & Prevention)*







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*Wegmans*





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# GOALS OF THE *Seminar*

By the end of the Seminar you should understand:

1. All American College of Radiology requirements for mammographic positioning from the medical perspective (Technologist / Radiologist), and understand the Layperson's role in accomplishing those mandatory requirements.
2. The mammography report.
3. Phytochemicals 2019 review (also called phytonutrients) in controlling free radicals, and understand how these nutrients cut your odds of cancer and other chronic diseases by reducing Oxidative Stress on your body: Lay and Medical perspective
4. Vitamin D Levels recommended to prevent chronic diseases such as breast and prostate cancer.
5. Insulin Resistance: 2019 Part 1
6. The role of OBESITY in death, disability and cancers.
7. Who benefits from Intraoperative Radiotherapy (IORT) and who does not. Understand pros and cons of IORT, strength and weakness.
8. The most up to date recommendations on "surgical margins ", post lumpectomy: also referred to as partial mastectomy and Breast Conserving Surgery (BCT).
9. The Oncologists role in Management of the breast cancer patient.
10. The value of the Mind, Body and Soul Connection through Yoga.



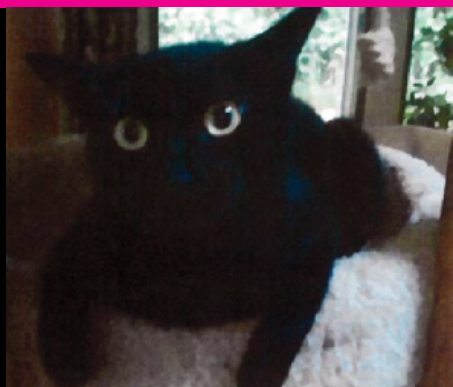
# ABOUT PLEA OF GRNY

After the loss of Midnight in 2014, our educational journey began. We realized education was key!

Oftentimes, what some might consider a small incident turns out to be one of life's most touching, most memorable, significant and life changing experiences. In life, we often learn the most from the smallest of creatures, who teach us by example. Such is the case with Midnight Belton.

Midnight Belton was our 7-year-old little black cat who died of Stage 4 breast cancer in April, 2013. Cancer in felines behaves as breast cancer does in women. Our family saw Midnight struggle with Stage 4 breast cancer until her death. We lived Stage 4 breast cancer right along with Midnight.

*Since our journey with Midnight, we have never been the same and have been teaching ever since.*



## YOUR Logo



**PLEA of GRNY (pronounced "Plea of Granny")**  
**What does it mean? Who created it?**

### **The Circle?**

Community of physicians, medical professionals, caregivers, breast cancer survivors and unaffected laypeople learning together in partnership as equals, as one, and in multidisciplinary CME accredited seminars.

### **Tree Trunk?**

One lactiferous duct (milk duct) branching and ending in hearts or ribbons signifying the terminal duct lobular unit. The TDLU is where we believe breast cancers develop

### **Four eggs at the top where trunk splits?**

The egg: Largest cell in the body when fertilized produces 57 trillion cells each containing its full complement of DNA.

### **The tree of many and different colors and shapes?**

Under-served, under represented, diverse educational levels, religions, genders, the sick, the well and different socioeconomic statuses: from all walks of life, together.

### **Base of the tree?**

The nipple areola – complex. A site where some breast cancers develop.

### **Hands of many colors, with each holding a heart of many colors?**

The love and care physicians, medical caregivers and the community at large have for all affected by breast cancer, all cancers and diseases; the coming together of Physicians and Medical Professionals from all Health Care systems and Private practices with our hearts in our hands with one goal.

### **Logo creation and interpretation:**

Douglas Belton, MD, MBA, FRCPC  
Ruby L. Belton, MD



## MEET DR.

# *Douglas Belton* JR., M.D., MBA, FRCPC

Dr. “Doug” Belton is an advocate for increased provider and community wide awareness of all facets of breast cancer. He is a board certified radiologist with special interests in Musculoskeletal and Women’s Imaging. Dr. Belton received a B.S. in Biology from Hampton University in Virginia, where he also played four years of Division I college basketball.

After obtaining his Medical Degree from the University of Rochester School of Medicine and Dentistry (as one of the First pair of first and second generation African American graduates from that school), he served as a surgical resident at Strong Memorial Hospital and completed his residency in Diagnostic Radiology at Rochester General Hospital.

Dr. Belton is Fellowship trained in MRI.

He completed His Fellowship in MRI at University Medical Imaging, Rochester New York, and earned his MBA degree from the University of Florida in Gainesville, Florida in April 2016. Dr. Belton is a Board Certified Radiologist in both the United States and Canada. He is a Fellow of the Royal College of Physicians and Surgeons of Canada (FRCPC).

He has a reputation defined by innovative leadership, indefatigable work ethic and is a “producer” of positive results.

He enjoys golf, weight training, NBA basketball and spending time with his family. He resides in Canada with his wife Odette and daughter Olivia.

Dr. Belton does not define himself by his many personal accomplishments.

Dr. Belton does define himself by his strong work ethic, his honesty, kindness, love for all and his positive impact on the community at large, and his desire to give back through service and teaching.





## MEET DR.

# Ruby Belton

Dr. Ruby L. Belton is the product of a humble Southern upbringing and is the first African-American female graduate of the University of Rochester School of Medicine and Dentistry. She hails from Crystal Springs, Mississippi.

Dr. Belton received her medical degree from U of R Medicine in 1972, served as a Medicine – Surgery Resident at Strong Memorial Hospital, and completed her Radiology Residency at Rochester General Hospital, where she served as co-Chief Resident. Dr. Belton is a Breast Cancer Imaging Specialist. Dr. Belton has over 47 years of experience. Her clinical interests include all aspects of breast imaging; mammography, ultrasound, MRI, interventional breast procedures, Stereotactic, ultrasound and MRI guided and needle wire localizations (mammographic or ultrasound – guided). She is also experienced in interpretation of Genitourinary Imaging, Plain films, ultrasound, body Computed Tomography, and Gyn imaging. Dr. Belton also has special interests in gastrointestinal imaging (contrast studies and body Computed Tomography), and Head and Neck imaging (Computed Tomography).

She is Board certified in Diagnostic Radiology. (1976)

Dr. Belton has served or serves in a Leadership position in Mammography, including breast interventional procedures, at four (4) institutions in Rochester.

Dr. Belton is Co-founder of a non-profit (501c3) organization, Physicians and Laypersons Educational Associates of Greater Rochester, New York (PLEA of GRNY).

She serves as co-Seminar Director and Lead Lecturer for:

PLEA of GRNY Annual City Wide Multidisciplinary Breast Cancer Seminar at Locust Hill Country Club (year 6).

PLEA of GRNY Annual City Wide Multidisciplinary Health Seminar in The Inner City (year 2) at Staybridge Suites, and Upcoming Summer 2019 Annual PLEA of GRNY Yoga classes in the inner City.

On her role as an educator and imaging specialist:  
“I am one of nine children born in Mississippi just after World War II. Degrees, accomplishments nor appointments define me. Instead, my humble beginnings, my faith, God, family, love for all, my desire to help any in need using the “tools of my trade” and my Gift of Teaching define me.”

I am the proud mother of Shayla J. Belton DVM, MS, MS, Doug Jr. MD, MBA, FRCPC, grandmother of Olivia Loren Belton, and wife of Doug Sr. of 50 years.

“I exist to care, give, love and teach.”





# FACULTY



**Meri Atanas, M.D.**  
Radiation Oncologist  
*Rochester Regional Health*



**Douglas Belton,**  
M.D., MBA, Fellow of the Royal College of  
Physicians and Surgeons of Canada (FRCPC)  
Co-Founder of PLEA of GRNY



**Ruby L. Belton, M.D.**  
Breast Cancer Imaging Specialist  
Co-Founder of PLEA of GRNY  
2019 PLEA of GRNY Co-Seminar Director



**Ms. Earleen Bozeman**  
Lead Layperson  
*Liaison*



**Gina Cuyler, M.D., FACP,**  
**NASM-CPT**  
President & Co-Founder  
*Black Physicians Network of Rochester*



**Marguerite Dynski, M.D.**  
Breast Surgeon  
*Rochester Regional Health*



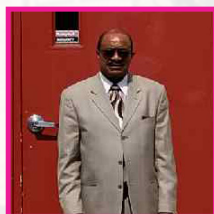
**Ms. Martha Hope**  
Lead Layperson  
*Liaison*



**Avice O'Connell, M.D.**  
Professor of Imaging Sciences  
*U of R Medicine Director Women's Imaging*



**Ranjna Sharma, M.D. FACS**  
Medical Director, Breast Cancer Program  
*SUNY Upstate Medical University*  
*Department of Surgery*



**Rev. James McEwen**  
Pastor, Trinity Interfaith Church  
*Lead Layperson Liaison*



**Mrs. Brenda McEwen**  
First Lady, Trinity Interfaith Church  
*Lead Layperson Liaison*





# FACULTY



**Lori Medeiros, M.D.**  
**Medical Director of Rochester General  
 Breast Center**  
*at Rochester Regional Health*



**Linda Sardisco**  
**Radiology Technologist**  
*Certified Yoga Instructor*



**Ms. Midge Thomas**  
**Lead Layperson**  
*Liaison*



**Kristin Skinner, M.D.**  
**Associate Professor of Surgery**  
**Chief of Surgical Oncology and Director of**  
**Comprehensive Breast Care**  
*at Pluta at University of Rochester Medical Center*



**Bradley Turner, M.D.**  
**Pathologist**  
*Associate Professor, U of R Labs*



**Timothy Woodlock, M.D.**  
**Oncologist**  
*Rochester Regional Health*



**Ms. Ella Yelder**  
**Lead Layperson**  
*Liaison*



**Ms. Dianne Huston**  
**Lead Layperson**  
*Liaison*



**Mr. Kenneth Stanley**  
**Lead Layperson**  
*Liaison*



**Dr. Mary K. Sweeney**  
**Educator**  
*Mentor Empire State College  
 Center for Diocese Learning*



**Ms. Martha Hope**  
**President**  
*Rochester Federation of Women's Club*  
**President Emeritus**  
*Rochester Genesee Valley Club*





# PROGRAM

## **Breast Cancer:**

*Imaging Diagnosis & 2019 Treatment Updates*

## **Nutrition/Cancers/ Chronic Diseases & You:**

*2019 Part 2*

*(Laypersons Role in Decreasing Risk Factors & Prevention)*

- |                        |   |
|------------------------|---|
| <b>5:00PM</b>          | <b>Registration</b>   |
| <b>5:30-6:45PM</b>     | <b>Dinner and Live Entertainment</b>  |
| <b>6:45 – 7:00PM</b>   | <b>Welcome</b><br><i>President/Co-Founder/<br/>Co-Seminar Director PLEA of GRNY<br/>Douglas Belton, Jr., M.D., MBA, FRCPC</i>   |
| <b>7:00PM- 7:20PM</b>  | <b>Mammography Imaging Update</b><br><b>2017, 2018 Review</b><br><b>2019 Introduction:</b><br><b>Obesity/Insulin Resistance</b><br><b>The Color Orange</b><br><i>Co-Founder/Co-Seminar Director<br/>PLEA of GRNY Ruby L. Belton, M.D.</i> |
| <b>7:20PM- 7:40PM</b>  | <b>Intraoperative Radiation Therapy<br/>(IORT) Pros and Cons</b><br><i>Lori Medeiros, M.D.<br/>Meri Atanas, M.D.</i>  |
| <b>7:40PM- 8:00PM</b>  | <b>Surgical Margins</b><br><i>Kristin Skinner, M.D.</i>   |
| <b>8:00PM - 8:20PM</b> | <b>Breast Cancer Management<br/>&amp; Your Oncologist</b><br><i>Timothy Woodlock, M.D.</i>  |
| <b>8:20PM – 8:35PM</b> | <b>Yoga, Mind, Body &amp; Soul</b><br><i>Linda Sardisco, R.T.<br/>Certified Yoga Instructor</i>   |
| <b>8:35PM-9:05PM</b>   | <b>Question and Answer</b><br><i>Moderator: Marguerite Dynski, M.D. SSJ<br/>Bradley Turner, M.D.</i>  |
| <b>9:05PM – 9:15PM</b> | <b>Closing Remarks</b><br><i>President PLEA of GRNY<br/>Douglas Belton, M.D., MBA, FRCPC<br/>Mr. Kenneth Stanley</i>  |





# FACULTY

## & LEAD LAYPERSON

### *Liaisons*



**Marguerite Dynski, SSJ, MD, FACS**

A native Rochesterian, Dr. Dynski has been in practice for 34 years. She was one of the first women surgeons in the area. For 22 years she has

limited her practice to breast only. She works with a team of a nurse navigator, plastic surgeons, medical & radiation oncologists emphasizing an individualized approach for each patient. She is a 12 year survivor of breast cancer. Dr. Dynski has been a Sister of St. Joseph for 50 years.

#### **Education**

- D'Youville College
- State University of New York at Buffalo - **Residency**
- University of Rochester



**Lori Medeiros, MD**

Dr. Medeiros is the Medical Director of the Rochester General Hospital Breast Center. She earned her medical degree and completed her surgical residency at McGill University in

Quebec, Canada. Dr. Medeiros is board certified in general surgery by the American Board of Surgeons and the Royal College of Physicians and Surgeons of Canada, certified in breast ultrasound through the American Society of Breast Surgeons and focuses exclusively on the treatment of breast disease. Dr. Medeiros is a frequent presenter to patient and community organizations, media and professional groups on breast cancer, diseases of the breast and breast surgery.



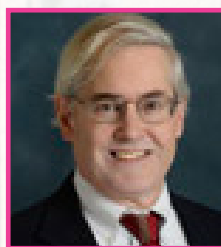
**Kristin Skinner, MD**

Dr. Kristin Skinner earned a B.S. degree in Molecular Genetics from the University of Rochester and received her M.D. degree from the Johns Hopkins University. She completed her training in general

surgery and fellowship in surgical oncology at the University of California, Los Angeles. She then spent several years on the faculty at the University of Southern California, before going to NYU in 2003 as the Chief of Surgical Oncology and Director of the Multidisciplinary Breast Cancer.

Dr. Skinner is actively involved in clinical and translational research evaluating biologic markers of breast cancer risk, possible molecular diagnostic markers in breast cancer, the application of intraductal approaches to breast cancer diagnosis and treatment, and the potential for less invasive forms of treatment for ductal carcinoma in situ (DCIS) of the breast. She has received funding from the American Cancer Society, the NIH, the Department of Defense Breast Cancer Research Program, and the Susan G. Komen Foundation.

Dr. Skinner is a fellow of the American College of Surgeons and is certified by the American Board of Surgery. She is a member of over twenty professional societies including the Association of Academic Surgeons, Society of University Surgeons, the Society of Surgical Oncology, the American Association for Cancer Research, and the American Society of Clinical Oncology.



**Timothy Woodlock, MD**

Rochester native, Timothy Woodlock, M.D., studied medicine at the University of Rochester and has practiced in his home town for 20 years. "St. Mary's (now Unity Health System) was my choice when I got out of med school," said Dr.

Woodlock. I liked the caring, spiritual connection and the mix of hematology and oncology that I could practice here."

Although Dr. Woodlock was interested in engineering and science, he chose medicine because it allowed him to have a science career and serve his neighbors. Dr. Woodlock is the head of the Unity Oncology/Hematology Unit at Unity Health System. In addition to treating patients, Dr. Woodlock teaches medical residents and participates in clinical research.





### **Meri Atanas, MD**

Dr. Meri Atanas joined the Lipson Center as Chief of Radiation Oncology Services for the Rochester General Health System in October 2006 and now serves as Co-Director of the Rochester Regional Lipson Cancer and

Blood Disorders Center. A Magna Cum Laude graduate of SUNY Binghamton, Dr. Atanas earned her medical degree from Tufts University. She completed her internship in Primary Care at the University of Rochester, and residency in Radiation Oncology at SUNY Health Science Center in Syracuse, where she served as Chief Resident. Early in her career, Dr. Atanas served as an Emergency Room physician at RGH, and oversaw Radiation Oncology Operations at Park Ridge Hospital for the Wilmont Cancer Center, where in addition to her clinical practice, she held the position of Associate Professor in Radiation Oncology at the University of Rochester School of Medicine, and was Clinical Director of Radiation Oncology Services for Highland Hospital. Dr. Atanas is a member of a number of professional organizations, including the American Society of Clinical Oncology and The American Society for Therapeutic Radiology and Oncology. In addition to being an outstanding clinician and teacher, she is extremely well respected within the local medical community and brings a sense of warmth and compassion to her practice in the care of her patients at the Lipson Center.



### **Linda Sardisco R.T. Certified Yoga Instructor**

Mrs. Linda Sardisco is a Radiologic Technologist, with 33 years of experience, specializing in Mammography.

Ms. Sardisco is also a Certified Yoga Instructor.

Linda's own words are:

"As a Radiologic Technologist for 33 years, I've been searching for a way to bring my passion for people, in a more holistic way.

Taking care of our bodies, mind and spirit, is an important part of living a healthy life, from the inside out. We cannot serve others from an empty vessel. I have always believed in self-care.

Yoga found my soul during teacher training, and I want to share the love of what yoga does for me to others.

My style of teaching is a vinyasa flow-connecting breath to movement. My training was at Breathe in Rochester, New York. 200 hours and registered with the Yoga Alliance.

I love everything outdoors, which includes hiking and cycling. I'm an avid reader and love to travel."



### **Dr. Gina Cuyler MD, FACP, NASM-CPT**

Dr. Gina Cuyler is a board-certified Internal Medicine physician, author, educator, sought-after speaker, and avid patient advocate.

She is owner and founder of Comprehension Internal Medicine, a direct to patient internal

medicine consulting firm. She is co-founder and president of Black Physicians Network of Greater Rochester, —a 501(c)3 nonprofit agency that helps disadvantaged minority youth pursue careers in medicine. She received her medical degree from the University of Rochester School of Medicine and Dentistry, where she also completed her residency in Internal Medicine. Dr. Cuyler is a fellow of the American College of Physicians, a member of Alpha Omega Alpha Medical Honor Society, a National Academy of Sports Medicine Certified Personal Trainer and enjoys focusing on preventive care and wellness. She remains active with teaching and holds a voluntary faculty appointment as a Clinical Assistant Professor of Medicine at the University of Rochester. She has served as a faculty advisor for the GE National Medical Fellowship Program, and currently lives in Rochester with her husband. She enjoys devoting time to her faith, family and friends.



### **Dr. Ranjna Sharma FACP, NASM-CPT**

Dr. Sharma is the Chief of the Section of Breast Surgery and the Medical Director of the Breast Cancer Program at SUNY Upstate Medical University.

Dr. Sharma spent the last nine years at Beth Israel Deaconess Medical Center and Harvard Medical School in Boston Massachusetts, where she served as the Director of Breast Surgery and Co-Director of the Breast Care Center at Beth Israel Deaconess Hospital Needham and an assistant professor of surgery at Harvard Medical School. Prior to joining BIDMC and Harvard Medical school, she completed a Breast surgical oncology fellowship at M.D. Anderson Cancer Center.

Dr. Sharma treats both benign and malignant breast disease, with an interest in the multidisciplinary management of complex breast cancers.

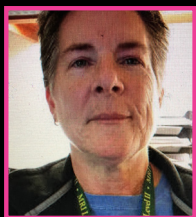
Dr. Sharma was born and raised in Cleveland, Ohio. She attended Case Western Reserve University graduating magna cum laude, and thereafter matriculated at Ohio State University for medical school. She completed her General Surgery Residency at the University of Illinois at Chicago.

Dr. Sharma has authored peer reviewed journal articles and written book chapters discussing management of breast disease. She conducts clinical outcomes research as well as translational studies examining optimal margin width and genetic analysis for breast cancer recurrence. She enjoys teaching medical students, residents, and the community.



# FACULTY

## SUPPORT *Staff*



**Roberta J. Miller, RT(R), (M)**

Attended The Genesee Hospital of Radiologic Technologists 1980-1983.

Worked under Dr. Ruby Belton for many years as Chief Technologist and Office

Manager of Northside Radiology.

Was involved in breast imaging/interventional breast procedures through RGH, while at Northside Radiology.

### Professional Affiliations :

American Registry of Radiologic Technologists

American Society of Radiologic Technologists,  
& Section for Magnetic Resonance Technologists



**Karen Butler**

Karen is the daughter of Cora Bell and Jethro Butler, born in 1976. She is the oldest of 6 children. She grew up in the city of Rochester in a single parent home. After graduating from Benjamin

Franklin High School in 1994, Karen worked as a CNA while attending MCC for nursing. She has always wanted to be in healthcare since a little girl watching her brother go in and out of the hospital for having Sickle Cell crises. However, her nursing plans changed and she ended up as a medical secretary. Karen is a very caring and laid back person. She is a great believer that everything happens for a reason and that someday it will all make perfect sense. She enjoys crafting and spending time with family.





## ACCREDITATIONS

### ACCREDITATION STATEMENT

\*\*\*This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Medical Society of New York (MSSNY) through the joint providership of the Rochester Academy of Medicine and Physicians and Laypersons Educational Associates of Greater Rochester, NY. The Rochester Academy of Medicine is accredited by the Medical Society of New York (MSSNY) to provide continuing medical education for physicians.

### CREDIT DESIGNATION STATEMENT

The Rochester Academy of Medicine designates this live activity for a maximum of 2 AMA PRA Category 1 Credit(s)<sup>™</sup>. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

**Before making any changes in your exercise program or diet, please talk to your doctor.**

If you have a medical complaint that you are concerned about, please talk to your doctor.

### PLEA of GRNY:

1. Is not responsible for any complications, illness, disease or anything else in connection with material presented.
2. Is not endorsing or recommending any specific diet or dietary changes or exercise program.
3. Has done it's best to present some of the most up to date knowledge on any and all information presented as it relates to the relationship of obesity, nutrition, the importance of physical activity and chronic diseases including cancer.
4. Is not responsible for nor endorsing any printed material content from references or research in connection with Nutrition, Obesity, Vitamin D, cancer or other Chronic diseases.

***PLEA of GRNY is here to educate to hopefully make for a healthier you.***

### ***Remember:***

Your care is still in the hands of you and your doctor.

The American Society of Radiologic Technologists designates this live activity: 2.75 Category A CME Category 1 Credits





# FOOD FOR *Thought*

## 2019 INTERESTING QUOTES

"We cannot despair at humanity, since we ourselves are human beings." **Albert Einstein**

"Children are educated by what a grownup is and not by what they say." **Carl Jung**

"Alone we can do so little, together we can do so much." **Helen Keller**

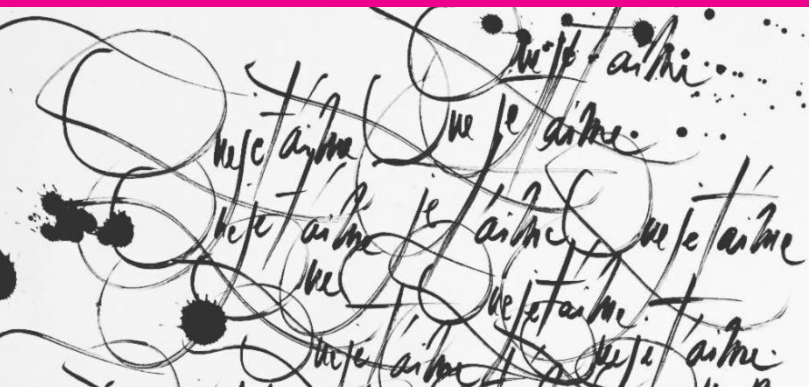
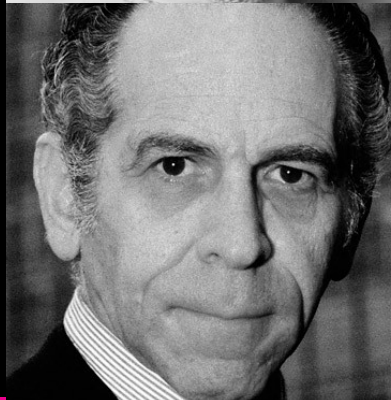
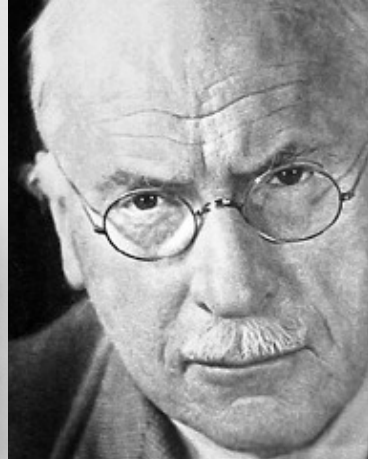
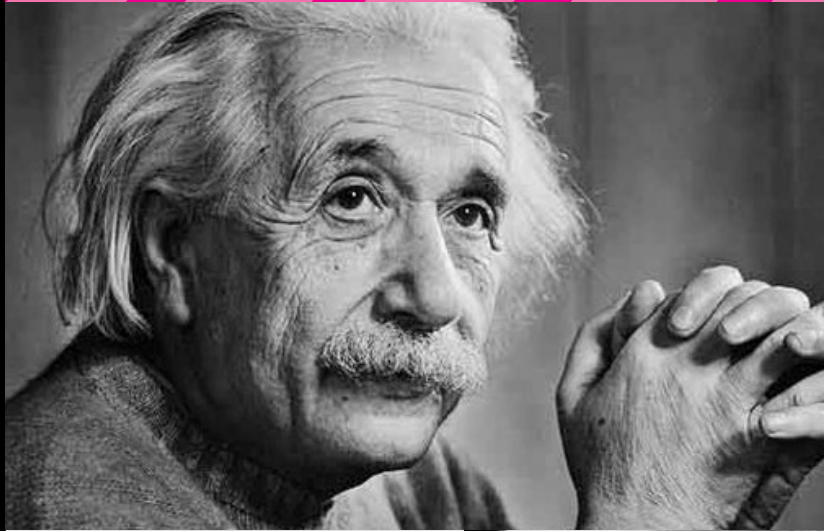
"Alone, all alone, no one can make it alone."  
**Maya Angelou**

"I am not concerned that you have fallen, but that you have risen." **Abraham Lincoln**

"When someone shows you who they are,  
believe them."  
**Maya Angelou**

"People say this or that person has not found himself. But the self is not something one finds, it is something one creates." **Thomas Szasz**

"There are two ways to be fooled. One is to believe what isn't true; the other is to refuse to believe what is true."  
**Soren Kierkegaard**





# 10 Things Money Can't Buy

*"Money has never made man happy nor will it; there is nothing in its nature to produce happiness. The more of it one has, the more one wants."*

*Benjamin Franklin*

**Key Words:** Cultivate, Gifts, Mysterious, Experiencing life to its Fullest, Innate, Peace, Natural Health, Knowledge, Wisdom and Understanding

1. **Love:** Love is something heartfelt and mysterious.
2. **Truth:** Money can be used to push beliefs or an agenda; not the same as truth.
3. **Time:** Money cannot turn the clocks back. We must take life moment by moment while experiencing it to the fullest.



4. **Peace:** Cultivating your thoughts is the only thing that will ever bring you true peace. One aspect: accept bad things when they happen and turn that experience into a positive experience.
5. **Talent:** You are born with it, a gift. In other words, the gifts and abilities that you possess in your mind and body are priceless. You are born with it; INNATE.!
6. **Health:** Money can be used to buy health insurance and medicine, but can Never Replace Natural Health. Once it is gone, it is gone. At the same time, activities like exercise, dietary supplements, getting 15 minutes of sunshine every day, not smoking, and natural self-care costs little or nothing.
7. **Manners /Class:** Rudeness exists across all lines. Money will put you in a higher class but it does not make you classy.
8. **True Friends:** With you through thick and thin, the ups and down.
9. **Knowledge:** We are taught to "seek wisdom and understanding." The information that you accumulate, the elements of your intellect, the way you exhibit wisdom can never be bought. It is INNATE!
10. **Presence and Acceptance:** The ability to be mindfully present and accept, without judgment each and every situation. This is a life changing gift! This Gift is not available for purchase at any price.



# DEDICATION

Rev. Dr. Vera Miller



Mr. Etta & Mrs. Marie Belton



Mr. Gibson & Mrs. Geneva Sturgis



Dr. Ruby Belton and her mother, UofR 1972





# DEDICATION

**SPECIAL DEDICATION  
AND THANK YOU TO**

*My Humble  
Parents*

**Mr. Gibson & Mrs. Geneva Sturgis**



Thank you to my wonderful parents who instilled hard work, inner strength, the value of education and my love for all, that they passed on to me through their DNA and actions throughout their lifetime.

*Thank you Granny and Pa Pa!!!*

*"Sister."*



# MRS. SARAH GENEVA

## *Hilliard Sturgis*

**By: Daughter, Ruby L. Belton, M.D.**



Granny (my mother) was one of 14 children born to Mr. Daniel Hilliard and Mrs. Callie Mae Rogers Hilliard in the deep South (Mississippi) during times of segregation. She never finished high school because of “the times.”

The schools were segregated. Local schools for African-Americans only went to the 11th grade. She would have needed to travel from Crystal Springs

Miss. to Hazelhurst, Miss. to earn that degree. She had no transportation.

My mother married at a young age and gave birth to 9 children. She lost 1 at term due to a cord death, because she could not afford to take the time to get the prenatal care she needed.

My mother was obese, vitamin D deficient, calcium deficient, diabetic, hypertensive, malnourished and never exercised except for an occasional walk to town once a week to buy \$20.00 worth of groceries to feed 8 children for a week, because we had no transportation.

She died at the age of 70 from complications of obesity. I am saddened because I did not know enough in her lifetime to help her. However, my family (with my son “at the helm” leading the way) and I are happy, we have learned enough to help this community and people in other communities in the United States, in Honor of My mother.

Much good has come from my mother’s death including the desire to give back to all, including the sick, needy. I have a special love for all, but especially the under-served and under-represented of which my mother and I are lifetime members.

Granny, rest in peace. I serve, love, help any in need, teach and will continue to do my best to preserve life using the “tools and knowledge of my trade” and my “God Given Gift”, teaching.





# MRS. ANITA IDA *Schmidt Stanley*

By: Son, Mr. Kenneth Stanley



My mother was born on April 17, 1919 in Secaucus, NJ, and was named Anita Ida Schmidt. At a very young age, the family moved to the Dansville, NY area. She attended high school there, and graduated in only 16 years.

She married Kenneth Stanley in 1937. I was born in 1938, and two sisters followed in 1940 and 1948.

My mother was a very quiet person and seemed content on primarily being a house wife, along with part time office work. There were times she had to attain control of us kids, and she acted "like a mama bear." We shortened the name to "bear" and it stuck.

She was diagnosed with bladder cancer in 1991. Up till the time she died on 12/17/1993, I never heard her complain about her situation. She mostly had a smile on her face. She just accepted her fate with the same quiet dignity that she lived the rest of her life.





# SOURCES OF VITAMIN D

Natural	Amount of Vitamin D
Cod liver oil	400-1000IU/tsp
Salmon, fresh wild caught	600-1000 IU/3.5 oz.
Salmon , farm raised	100-250 IU/3.5 oz.
Salmon, canned,	300-600 IU/3.5 oz.
Sardines , canned	300 IU/3.5 oz.
Mackerel , canned	200 IU/3.5 oz.
Tuna, canned	236 IU/3.5 oz.
Shiitake mushrooms, fresh	100 IU/3.5 oz.
Shiitake mushrooms , sun dried	1600 IU 3.5 oz.
Egg Yolk	20 IU /yolk
Sunlight/UVB radiation	Arms, legs ( 0.5 MED) equivalent to ingesting 3000 IU. Bathing suit 1 MED = 20,000 IU
Fortified Foods	
Fortified milk	100 IU /8 oz.
Fortified orange juice	100 IU /8 oz.
Fortified yogurts	100 IU/8 oz.
Fortified butter	56 IU/3.5 oz.
Fortified margarine	429 IU / 3 oz.
Fortified cheeses	100 IU/3 oz.
Fortified breakfast cereals	~ 100 IU/serving
Pharmaceutical Sources	
Vitamin D2 ( ergocalciferol)	50,000 IU capsule
Multivitamin	400 IU
Vitamin D3 (cholecalciferol)	400,800,1000,2000,10,000,50,000





# VITAMIN D *Facts*

## Health Professional Fact Sheet

National Institutes of Health  
Office of Dietary Supplements

<https://ods.od.nih.gov/factsheets/VitaminD-HealthProfessional/>

## Facts about Vitamin D

1. Fat soluble
2. Can be obtained from supplement or produced by your body. All supplements are inert. Body has to activate.
3. \*\* Vitamin D is responsible for calcium absorption in the Gi tract. \*\*
4. Vitamin D:
  - a. Insures enough calcium and phosphorus for bone health
  - b. Cell growth “regulators”
  - c. Programmed cell growth (apoptosis) “regulator”
  - d. Immune system “regulator”
  - e. Neuromuscular “regulator”
  - f. Inflammation “regulator”
  - g. Cell proliferation “regulator”
  - h. Cell differentiation “regulator”
5. Just like Estrogen Receptor, Just like EGFR, Vitamin D has a RECEPTOR. Some of these cells can even make Vitamin D .
6. It is not a Vitamin but belongs to the Steroid Family.

## Groups at Risk of Vitamin D Deficiency

1. Breast fed infants
2. Older adults
3. People with Darker skin
4. People with inflammatory bowel disease or any medical conditions leading to malabsorption.
5. OBESITY
6. People who have had gastric bypass surgery

# VITAMIN D *Comparison*

Vitamin D Council	Endocrine Society	ZRT Laboratory	
40-90 ng/ml	30-50 ng/ml	20-80 ng/ml	NORMAL MOST STANDARDS 30-60 ng/ml NORMAL SUFFICIENT VALUES
<20 Deficient	Minimal above 20 ng/ml		
NOTE: Vitamin D Council states even 30-40 are insufficient levels  80-100 ng/ml are only reached with Vitamin D supplementation.		CHRONIC CONDITIONS: Diabetes Autoimmune (RA) Cancer, not unusual for clinicians to aim for higher levels. Check with your doctor.	
5000 IU/day	4000 IU/day	Recommended Daily Intake	





# COLORS OF THE *Rainbow*

**Phytochemicals 2018 = Color Red**

**Phytochemicals 2019 = Color Orange**

Reference: Phytochemicals

What You Should Know - A Quick Booklet about Phytonutrients

COLOR	RED Fruits & Vegetables	ORANGE Fruits & Vegetables
Biologically active compounds working with nutrients and fiber in fruits and vegetables	Yes	Yes
Antioxidants & Electron donors thereby reducing oxidative stress which is disease producing	Yes Needed for healthy heart & Urinary tract. Plus memory improvement	Yes
Lycopene & Anthocyanins	Yes	
Red apples, peppers, strawberries, cranberries, watermelon, raspberries	Yes	
Vitamin C/ Carotenoids/ Bioflavins	Heart health/Vision/ Immune System/ Cancer	Yes
Oranges, grapefruits, apricots, mangoes, lemon, carrots, pineapples		Yes

# COMPARISON OF *Seafood*

Colorado State University

College of Health & Human Sciences

17 April 2018 | by Kendall Reagan Nutrition Center

Comparison and Contrast	Wild Caught	Farm Raised
Misconception: Answer is not B&W	GOOD	BAD
Difference	Wild caught (lake, ocean, river)	Raised in large tanks
Nutrition: Depends on what the fish eats	Eats natural diet and is lower in saturated fats	Slightly higher in Omega 3 fatty acids, thought to be related to farms fortified feed
Contaminants		Higher
Disease Comparison		Higher incidence of disease due to farm conditions
Mercury Contamination	Yes	Yes
Cost	Higher	
Quality & Source: COOL = Country of Origin Labeling. Required on all seafood.		

## wild caught salmon vs farmed





# FOOD CHAIN

## Phytochemicals



Light	Water	Plants	Sun	"Animals" Fish/Birds	"Living Creatures"	Man	Note:
Phytochemicals Syn. Phytonutrients	Biologically active compounds	Plant foods	Tag-Team	Nutrients	Fiber1	Soothe the savage beast/ free radicles (antioxidants) Provide electrons to free radicles that are cancer and disease producing derived from food you eat or are exposed to in environment Believed and shown to Correct Imbalance between Free RADICLES AND ANRIOXIDANTS NEUTRATIZE FREE RADICALS AND CORRECT " Oxidative stress.	Basis of all life, on Earth , is PLANTS
Color	RED Ellagic acid(s) Allegic acid	Yellow/Orange					
Phytochemical et al	Anthocyanins Lycopene	Et al = Vitamin C Carotenoids Bioflavonoids					
Antioxidants	YES	YES					
Organ or Organ System	Anti-aging balance	Immune System					
Benefits from these electron donors	COORDINATION Heart and URINARY TRACT (MEN ESPECIALLY PROSTATE ) MEMORY	YOUR DEFENSE DEPARTMENT Heart Vision Cancer protector					
Foods	Red apples Red peppers Pink grapefruit Tomatoes Strawberries Cranberries Raspberries Watermelon Plums	Oranges Mangoes Grapefruit Apricots Carrots					





# MAMMOGRAPHIC *Positioning* 2019: THE HOW TO AND THE WHY

1. What the MLO and CC views are used for (Radiologist viewpoint).
  - MLO view: axillary tail region and lateral breast
  - CC view: anterior and medial breast (medial muscle 40% of time seen)
2. \*The role and extreme importance of the technologist in breast cancer detection.
  - You are the difference between detection or non-detection. If the cancer is not on the image, we will not see it!
3. The anatomy of the pectoralis major muscle and breast tissue.
  - Breast is not attached to it, just sits on top, but vessels and lymphatics penetrate muscle from breast.
4. The difference between a “concave and convex” pectoral muscle on your images and which is adequate for diagnosis, and which is not.
  - Muscle must always be convex (bulging outwards) and not concave (folding inward) muscle must be triangle shaped with base of triangle at the top of the breast
  - Muscle must be thick, triangle shaped and you should see lymph nodes.
5. How much pectoralis muscle on your images is enough, and how much is too much (trade-offs) and how to correct images for your Radiologist.
  - Tough question!!!!
6. Why the Posterior Nipple line (PNL), Inframammary fold (IMF), and nipple in profile. (All blind spots), are needed on your images (every day and in every case), in breast cancer diagnosis
  - Terminal duct lobular unit location. Cancers occur here. Must see fat interface on the back side of the breast where cancers will be missed if this tissue is excluded.
  - IMF: Remember the breast attaches to the lower chest. Breast must be pulled out inferiorly so this low-lying tissue can be imaged. Remember, if the cancer is not on the image, I will not find it.
  - PNL : Remember the breast sits on the pectoral muscle and follows it into the axilla. Muscle must be pulled out in order for us to see this overlying tissue.
7. \*The importance of documentation of any observations felt or seen in the breast at the time of positioning for a patient's mammogram.
8. \* Importance of documentation, for your Radiologist, on the patient questionnaire any information given by the patient to you, at the time of the mammogram. History such as pain, thickening palpable lump and nipple discharge are all important.
9. Importance of patience and explanation of what you are doing at the time of mammography. Patients have a right to know.





# DEFINITIONS

## 1. Tail of Spence:

UOQ of breast that extends into the axilla.

## 2. Posterior nipple line (PNL):

Imaginary / runs perpendicular from pectoral muscle to nipple in both views.

## 3. Inframammary fold (IMF):

Very bottom of the breast where it attaches to the anterior inferior chest wall.

## 4. Concave:

Curved inward like the inside of a bowl. (Note: Pectoralis must not be concave.)

## 5. Convex:

Curved outwards like the outside of a bowl. (Note: Pectoralis major must be convex.)

## 6. Nipple in profile:

Nipple clearly seen "sticking out on the mammographic image" ACR requires this be seen in at least one view on each side.

**Note:** My preference is nipple must be in profile in cc view for each breast.

**Reason:** CC view is for anterior breast.

## 7. Rolled positions: CC view

### • Rolled lateral (RL):

**Top of breast / top hand is rolled laterally**, as a result the Bottom hand moves medially. **The top hand determines how the image is Marked** and Not the bottom hand. So, whichever direction the top hand moves, that is the position the roll must be marked.

### • Rolled medial (RM):

**Top of breast / top hand is rolled medially**, as a result the Bottom hand moves laterally. Again, **the top hand determines how the image is marked** and Not the bottom hand.

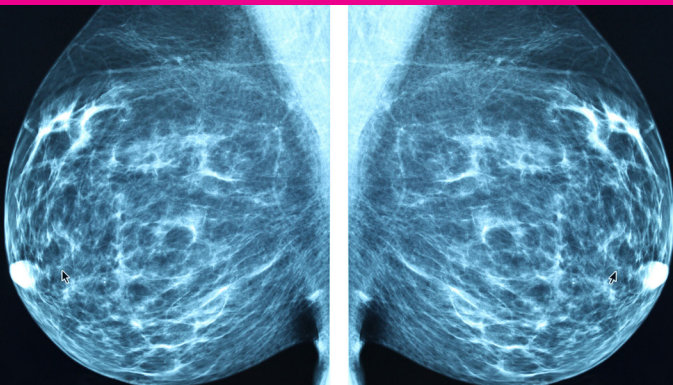
**Note:** These are views I frequently use.

## 8. SIO (Superior inferior oblique):

Become familiar with this view.

- Usually 45 degree
- Perpendicular view to standard 45 MLO
- X ray beam from superior lateral to inferior medial breast.

Other occasional supplemental views include 90 degree, magnification compression spots with "round scoop" and AT (axillary tail) .



# BREAST CANCER SCREENING

## Guidelines

New American College of Radiology (ACR)  
and Society of Breast Imaging (SBI)

### ACR Guidelines for Screening:

- First to recognize African -American women are at high risk for breast cancer.
- Risk assessment recommended at age 30 to see if screening earlier than age 40 is needed.
- Women with average risk to begin screening at age 40.
- Factors leading to ACR /SBI has reclassified African- American women include:
  - a. African- American women are 42% more likely to die from breast cancer than non-Hispanic white women despite about the same incidence rates.
  - b. African American women have a two-fold higher risk of aggressive – "triple negative" – breast cancer.
  - c. African-American women are less likely to be diagnosed with stage 1 breast cancer, but twice as likely to die of early breast cancers.
  - d. African –American women have a higher risk of BRCA1 And BRCA2 genetic mutations
  - e. than those of Western European ancestry.

### NYS Cancer Services Program for Uninsured Individuals:

Free breast cancer screening and diagnostic services for uninsured, eligible New Yorkers

- Women ages 40 and older
- Some programs serve women ages 50 and older only
- Women under age 40 at high risk for breast cancer (eligibility is determined by a New York State – licensed health care provider)
- For women with abnormal results, the program provides diagnostic testing.

### Physical Activity Exercise Guidelines Second edition/health.gov

- Avoid inactivity
- A little exercise is better than none
- Be safe, know your limitations. Talk to your Doctor
- Get help in choosing type of physical activity best for you, your fitness level.
- Gradually increase your activity, work your way up slowly. For Inactive people, it is recommended you "start low and go slow" gradually increasing how often and how long you work out.
- 2 hours and ½ moderate activity a week or 75 minutes of vigorous activity with some strengthening exercises is recommended for adults.



# FACTS ABOUT Mammography & BREAST CANCER

## Debates surrounding DBT

Who benefits? All women or just some women?  
What age woman benefits the most from DBT?

**Answer:** In general any woman with dense tissue at any age.

- Definitely not all women!!
- Young women with dense breast tissue.
- Older women with dense breast tissue.

## General Information

Where do most cancers develop in the breast?

**Answer:** Upper outer quadrant and central account for 2/3.

Which site has the worse prognosis?

**Answer:** Central. Why is this?

Explain Biomarkers

- Diagnostic
- Prognostic
- Predicative
- Theranostic

What are the findings suggestive of cancer on mammography whether it be screen film mammography, FFDM (full field digital mammography) or Digital Breast Tomosynthesis?

**Answers:**

- New focal asymmetry
- New mass
- New or increasing microcalcifications
- Architectural distortion

What are the two most common contributors to worse prognosis?

**Answer:** Size and lymph node involvement.

What is the role of DBT in the work-up of a screening mammographic abnormality?

In other words what type of abnormality on a screening mammogram warrants

DBT, and what abnormality does not warrant DBT?

What is the difference between how the breast looks on mammography, ultrasound and breast MRI?

**Answers:** Black and white/ shades of grey/vascularity/ morphology.

# UNDERSTANDING YOUR Mammography REPORT

## 1. Most important pieces of information:

- Your name and date of birth
- Your doctor's name

- Your complaint if any
- Breast Density
- Your BIRADS

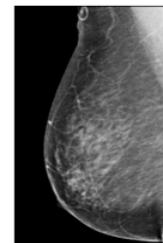
BIRADS and F/U	Chance of Benign	Chance of cancer (malignancy)	Recommendation for follow up
0	unknown	unknown	More work-up needed
1 and 2	100% (10/10)	0	1 year routine screening or sooner if...
3	98% (9.8/10)	2%	6 month
4 A 4B 4C	87 % (9/10) 64% (2/3) 20% (2/10)	13% 36% 80%	Biopsy
5	5%	95%	Biopsy
6	ZERO	100%	Appropriate action

## BI-RADS

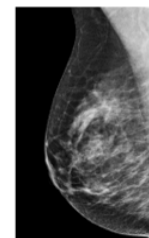
### Breast Imaging-Reporting and Data System Breast Composition Categories



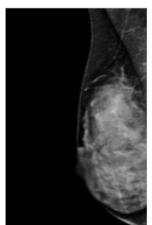
Level 1  
Fatty Breast



Level 2  
Average Density



Level 3  
Heterogeneously  
Dense



Level 4  
Extremely  
Dense

\*\*Category 3/4 may benefit from additional imaging



## MAMMOGRAPHY *Recommendations*

POPULATION	RECOMMENDATIONS	GRADE	*CHOICE*
Women 50 - 74	Every 2 years	B	+
Screening <50	Every 2 years	C	+
Women >75	Current evidence insufficient	I	+
All Women	BSE (against)	D	+
Women 40 & < CBE	Insufficient to assess additional benefit	I	+
All Women	Breast MRI	I	(RR>20%: yes)
All Women	DM vs. Screen Film DBT	I	+

### FINAL RECOMMENDATION STATEMENT: BREAST CANCER SCREENING

#### United States Preventive Services Task Force

"The task force, the American Cancer Society and many others have all affirmed that mammography is an important tool to reduce the risk of dying from breast cancer, and that the benefits of mammography increase with age," said USPSTF Chair Albert Siu, M.D. M.S.P.H in a news release.

USPSTF further states: "Remember that the guidelines do not say there is no benefit to women under 50, but that the potential for harm may equal or exceed the benefit, and therefore needs to be discussed with individual women."

<http://www.aafp.org/news/health-of-the-public20160115uspstffinalbrstcascree.html>

"As part of the Consolidated Appropriations Act, 2016 (<http://www.congress.gov/bill/114th-congress/house-bill/2029/text>) that Congress passed in December, federal lawmakers extended a guarantee originally included in the Patient Protection and Affordable Care Act (ACA) that directed most health plans to fully cover screening mammography with no cost sharing for women who choose to begin screening at age 40."

## MAMMOGRAPHY *Issues*

### Understanding Your Pathology Report After an Image Guided Core Biopsy

### Some Strengths and Weaknesses of Mammography and Your Radiologist

1. Mammography is imperfect as is your DNA. It is estimated we have many variations in our genomes.
2. Mammography is "black and white". The ability of the radiologist to detect breast cancer is dependent on many factors some of which are equipment, image quality, positioning and expertise of your technologist, experience of your radiologist, sensitivity of your radiologist, breast density just to mention a few.
3. "Mammography will miss 5- 15% of cancers that are present and palpable." I believe this number will vary with the experience of your radiologist.
4. "20% of cancers will become clinically evident within a year of a negative mammogram." Again experienced eyes will drop this number; I believe.
5. The strength of mammography is the potential to detect breast cancer earlier.
6. Main strength is, it is the best we have to detect stage 0 (DCIS), or smaller tumors before they become evident clinically. 5-year survival from stage 0 to stage 4 breast cancer is somewhere around ~100% vs. 15% using AJCC TNM classification.
7. Mammography is considered to be a gray scale of pathology. There is pretty good concordance nowadays between imaging findings and pathology.

#### References:

Breast Imaging: Chapter 24, pages 761-805  
Second Edition  
Daniel Kopans M.D.

Breast Cancer  
A New Era in Management  
Darius S. Francescatti  
Melvin Silverstein





# MAMMOGRAPHY *Report*

Let's examine your mammography report.  
What is BIRADS? It stands for Breast  
Imaging Reporting & Data Systems.

## CONTENT OF YOUR MAMMOGRAPHY REPORT

1. The examination is listed. What was done? Screening or Diagnostic. Is there a problem or is this a routine yearly examination? If no problem, it is labeled screening. If a problem, it is labeled diagnostic.
2. Pertinent history must be included, either routine or chief complaint if this is a diagnostic examination.
3. Technique, i.e. what views were taken?
4. Clinical Breast Examination. When? within the year, more than a year, or you just don't remember.
5. Comparison examination(s).
6. Findings.
  - a. Breast density
  - b. Any findings. Precise language is required using the BIRADS language of terms as determined by American College of Radiology.
7. Impression: Summary of findings.  
What did you see if anything?
8. Assessment
9. Management

## ASSESSMENT: BIRADS

These numbers are stated as:

## CHANCE OF THE FINDING BEING CANCER ON A MAMMOGRAM

- a. BIRADS 0: Incomplete. Need more workup (patient will be recalled), need old mammograms (patient will receive 2 reports one stating need outside images, the second after comparison is made. You may get put into any on these BIRADS categories after comparison with outside images.

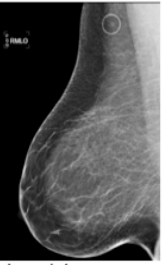
- b. BIRADS 1: Negative. The Radiologist sees nothing. See you in 1 year. > 100 probability of being benign. No chance of cancer.
- c. BIRADS 2: Benign. Benign calcium, cyst etc. Same significance as BIRADS 1. See you in 1 year 100% probability of being benign. No chance of cancer.
- d. BIRADS 3: Probably benign. Some change is seen which carries a 98% probability of being benign. >0 < but less than 2% of being cancer. 6-month f/u.
- e. BIRADS 4: Suspicious finding.
  - 4A: > 2% but < 10% chance of cancer.  
Low index of suspicion
  - 4B: >10 % but less than 50% chance of cancer.  
Intermediate suspicion
  - 4C: > 50%, < 95%. High index of suspicion.
- f. BIRADS 5: Highly suspicious. > 95%.  
Appropriate action is needed.
- g. BIRADS 6: Biopsy proven carcinoma.

**BIRADS Reference:** ACR BIRADS Atlas – Mammography

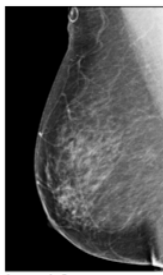
### BI-RADS

#### Breast Imaging-Reporting and Data System

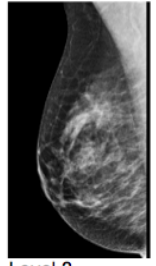
#### Breast Composition Categories



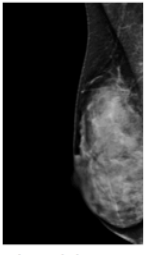
Level 1  
Fatty Breast



Level 2  
Average Density



Level 3  
Heterogeneously  
Dense

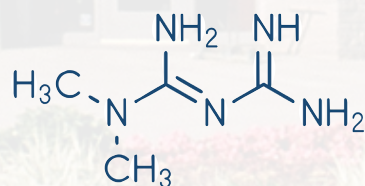
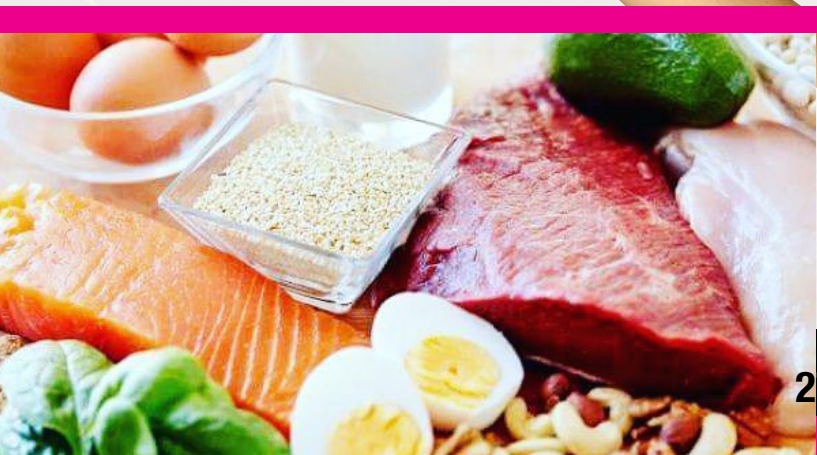
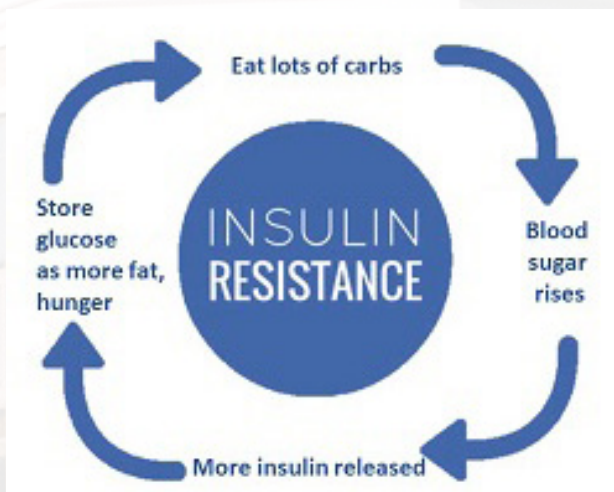
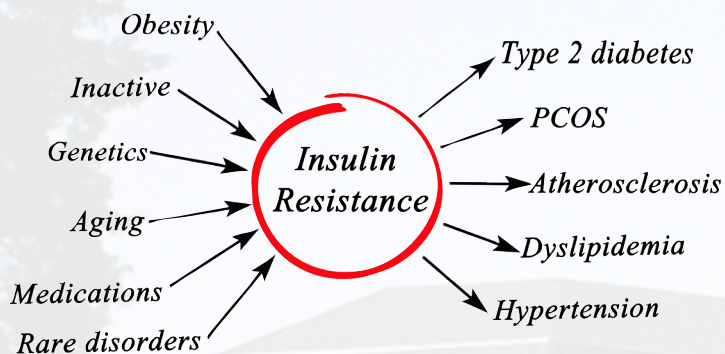


Level 4  
Extremely  
Dense

\*\*Category 3/4 may benefit from additional imaging



# 2019 INTRODUCTION TO *Insulin Resistance* AND CANCER



metformin



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Page 7 fig 1.7  
Courtesy of Dr. S. Oklund





Photo credit: Douglas Belton, Saskatchewan Canada

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*Next Year!*





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at the PLEA of GRNY**

**2<sup>nd</sup> ANNUAL  
MULTIDISCIPLINARY  
BREAST CANCER  
& HEALTH SEMINAR  
in the INNER CITY**

**Saturday,  
April 11, 2020**

**Location**

**TBA**

**PLEASE JOIN US  
at the PLEA of GRNY**

**7<sup>th</sup> ANNUAL  
MULTIDISCIPLINARY  
CITY WIDE  
BREAST CANCER  
SEMINAR**

**Wednesday,  
October 14, 2020**

**Locust Hill Country Club**

**2000 Jefferson Road**

**Pittsford, NY 14534**

