

October 2020
Volume 53, Issue 2



NYSSMA Today

NEW YORK STATE SOCIETY OF MEDICAL
ASSISTANTS

Affiliate of American Association of Medical Assistants
(AAMA)

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PRESIDENT'S MESSAGE

Well, 2020 has certainly been a year of frustration, loss, and confusion. I hope this finds you all healthy and holding up throughout the last 6 months or so. I know personally, this has been a difficult year as I'm sure it has been for most of you. Everything we know as normal came to a dramatic halt back in March and really hasn't changed much since then.

Our 2020 Convention had to be cancelled after so much work and effort from Paula Guidozzoli and her team in Syracuse. I hope we will be able to hold one next year if things improve and restrictions lessen. At this time, who knows what the next 6 months will bring. I am missing all my NYSSMA colleagues and friends. It has been a long time since we've seen each other now; just about a year in fact. NYSSMA held an online election to vote for our new officers for the year and delegates to the 2020 AAMA Conference. We are still in need of a secretary and I have discussed this with a few members. I hope to have one in place before our next meeting. As we haven't been able to meet in person, making it difficult to transfer committee books, I am asking the 2019 committee chairs to remain in place, at least for the time being. My plan is to hold an online meeting in October to try to get things somewhat in order in the hope that we will be able to resume our normal business.

The 2020 AAMA National Conference was also cancelled. That was to be held just a few weeks ago in Orlando, Florida. Due to the cancellation, an online vote was taken using the delegates from last year's conference since the 2021 delegates had not been seated yet. The AAMA Board of Trustees recommended maintaining the current officers and trustees for the 2020-2021 year as projects they were working on were not completed due to the shutdowns. Delegates were asked to vote on 4 bylaw changes to allow this to happen. The bylaw changes were approved and delegates from 2019-2020 will also remain until 2021 delegates are elected and seated in the House. This means that any other votes needed and taken before the next HOD our 2019 delegates will be doing, not those voted on in our election.

I am encouraging our Chapters to do what they can to continue to offer assistance to members. My chapter is going to offer online Zoom type meetings so CEUs can still be obtained. One chapter is planning to meet in person. I'm not sure how that will work. Please be sure to follow your local meeting and social distancing guidelines and mask requirements if meeting in person.



I would be remiss if I did not thank our Immediate Past President, B. David Sylvia, BBA, CMA (AAMA) for his 2 years of outstanding leadership. He has set a high bar to reach. His knowledge and professionalism are outstanding and I am grateful for all he has done for this organization. I look forward to continuing to work with him.

In closing for now, I pray you and your families are all well. I hope you are safe and comfortable in this altered lifestyle we have for the time being. Please stay safe and support each other as we work through this year of pandemic.

Carrie Gravelle, CMA (AAMA)
President, NYSSMA
Erie Chapter

LETTER FROM THE EDITOR

The aim in publishing a regular newsletter for this organization is to provide another educational resource to its members. Whether it be about current health topics or about happenings in the profession itself, it is so important to stay in the know.

“Educating the mind
without educating the
heart is no education
at all.”

-Aristotle

With so much changing in our lives currently, I like the point our new NYSSMA President, Carrie Gravelle, made about the importance of continuing to offer assistance and opportunities to fellow members amidst these crazy times. For instance, did you take advantage of the free (for AAMA members) CEU course online? Did you know there’s another one to be released for MARWeek this month? Even if your chapter can’t hold virtual or in-person meetings yet, please take advantage of these opportunities and stay in touch with fellow members. AAMA is offering many deals and incentives for keeping up on your membership and CEUs. Make the effort to take care of yourself and remember to listen to one another and support each other; we need it the most right now.

Happy Reading,
Heather Kazmierczak BFA, CMA (AAMA)
NYSSMA Today Editor

All New! Membership Dues Deal

Discounted membership dues! Except for student members, both new and renewing members will be allowed to pay \$69 (instead of \$77), plus state and chapter dues, for the 2021 membership year if they pay their dues online on or before November 1, 2020. That’s a discount of more than 10%!

NYSSMA

2020-21 EXECUTIVE BOARD

President:

Carrie Gravelle, CMA (AAMA)

306 McNair Road

Williamsville, NY 14221

716-631-8581

carrieg306@gmail.com

Vice-President:

Kimberly Battaglini, CMA (AAMA)

706 Grant Street

East Rochester, NY 14445

585-264-1112

kmb2125@gmail.com

Secretary:

TBD

Treasurer:

Susan Schilling, MS

3040 Walpole Lane

Baldwinsville, NY 13027

315-345-6070

smschilling@gmail.com

Immediate Past President:

B. David Sylvia, BBA, CMA (AAMA)

217 Lincroft Road

Lackawanna, NY 14218

716-289-0845

davidsyl14220@yahoo.com

Parliamentary Advisor:

TBD

CHAPTER PRESIDENTS

2020-21

Broome Chapter

Yvonne Uzzolino, CMA
(AAMA)

yuzzolino@yahoo.com

Capital District

Lee Damon, CMA (AAMA)
dhlfdamon@verizon.net

Erie Chapter

Cheryl Kaczorowski, CMA
(AAMA)

purple.364@hotmail.com

Finger Lakes

Charmaine Marshburn,
CMA (AAMA)

cha032973@aim.com

Monroe Chapter

Susan Vetter, BS, CMA
(AAMA)

sueavetter@gmail.com

Onondaga Chapter

Gerri Dembimski
paulagcma@aol.com

Nassau Chapter

Regina Tischler, CMA
(AAMA)

What is colorectal cancer?

Cancer is a disease characterized by the unchecked division of abnormal cells. When this type of growth occurs in the colon or rectum, it is called colorectal cancer (CRC). The colon and rectum (colorectum), along with the anus, make up the large intestine, the final segment of the gastrointestinal (GI) system. The large intestine is sometimes called the large bowel, which is why CRC is sometimes referred to as bowel cancer. Despite their anatomic proximity, cancers in the anus are classified separately from those in the rectum because they usually originate from different cell types, and thus have different characteristics.

However, tumors within the colorectum also vary in their molecular, biological, and clinical features, and in their association with risk factors. For example, physical inactivity is associated with increased risk of cancer in the colon, but not in the rectum. In addition, patients are more likely to be diagnosed with tumors in the proximal colon if they are older (versus younger), black (versus white), or female (versus male).

What is a colorectal polyp?

The age to initiate CRC screening was lowered from 50 to 45 years because incidence rates are increasing in younger populations

CRC almost always begins as a polyp, which is a noncancerous growth that develops in the mucosal layer (inner lining) of the colon or rectum. Polyps are common, detected in about half (including serrated polyps) of average-risk individuals 50 years of age or older undergoing colonoscopy, with higher prevalence in older age groups

and among men compared to women.⁵ However, fewer than 10% of polyps are estimated to progress to invasive cancer, a process that usually occurs slowly over 10 to 20 years and is more likely as polyps increase in size.

Polyps are classified based on their growth pattern as adenomatous (i.e., adenoma), which is the most common cancer precursor, or serrated, so-called because of its saw-toothed appearance under a microscope. Serrated polyps are further subdivided based on biological characteristics into sessile serrated polyps (SSPs), traditional serrated adenomas (TSAs), and hyperplastic polyps (HPs). Similar to adenomas, SSPs, TSAs, and large HPs are associated with an increased risk for CRC. SSPs are the most difficult to detect during colonoscopy because they are usually flat, covered with a mucous cap, and colored like the surrounding tissue. These features likely contribute to their role as precursors for a large proportion of cancers diagnosed prior to the next recommended colonoscopy (interval or post colonoscopy cancers).

What are the symptoms of colorectal cancer?

Early CRC often has no symptoms, which is one of the reasons screening is so important. As a tumor grows, it may bleed or block the intestine. The most common symptoms are:

- Bleeding from the rectum
- Blood in the stool or in the toilet after having a bowel movement
- Dark or black stools
- A change in bowel habits or the shape of the stool

- Cramping, pain, or discomfort in the lower abdomen
- An urge to have a bowel movement when the bowel is empty
- Constipation or diarrhea that lasts for more than a few days
- Decreased appetite
- Unintentional weight loss

In some cases, blood loss from the cancer leads to anemia (low number of red blood cells), causing symptoms such as weakness, excessive fatigue, and sometimes shortness of breath. Timely evaluation of symptoms consistent with CRC is essential for all individuals, regardless of age, given the increasing incidence in young adults.

How many new cases and deaths are estimated to occur in 2020?

In 2020, there will be an estimated 104,610 new cases of colon cancer and 43,340 cases of rectal cancer diagnosed in the US. Although the majority of CRCs are in adults ages 50 and older, 17,930 (12%) will be diagnosed in individuals younger than age 50, the equivalent of 49 new cases per day. An estimated 53,200 people will die from CRC in 2020, including 3,640 men and women younger than age 50. Unfortunately, reliable statistics on deaths from colon and rectal cancers separately are not available because almost 40% of deaths from rectal cancer are misclassified as colon cancer on death certificates. The high level of misclassification is partly attributed to the misconception among some that the terms colon cancer and colorectal cancer are synonymous because of the widespread use of “colon cancer” to refer to both colon and rectal cancers in educational messaging. To help mitigate the issue and be more explicitly inclusive of rectal cancer patients, several organizations have publicly ended this practice.. The ability to study these deaths separately is increasingly important given the steep rise in rectal cancer incidence among younger adults.

Colorectal Cancer Screening

The typically slow course of growth from precancerous polyp to invasive cancer to advanced-stage disease provides a unique opportunity for the prevention and early detection of CRC. Screening can prevent cancer through the detection

Continued on page 6

NEW PROPOSED LEGISLATION FOR CMAs

STATE OF NEW YORK 8569 IN SENATE

June 16, 2020

Introduced by Sens. SKOUFIS, LIU -- read twice and ordered printed, and when printed to be committed to the Committee on Rules

AN ACT to amend the education law, in relation to allowing for unlicensed individuals to collect throat or nasopharyngeal swab specimens and to perform certain nursing tasks during a state of disaster emergency

The People of the State of New York, represented in Senate and Assembly, do enact as follows:

Section 1. Section 6526 of the education law is amended by adding a new subdivision 11 to read as follows:

11. Any person in a declared state of disaster emergency, pursuant to section twenty-eight of the executive law, shall be permitted, upon completion of training deemed adequate by the commissioner of health, to collect throat or nasopharyngeal swab specimens from individuals suspected of being infected by an infectious disease, for purposes of testing.

Section 2. Subdivision 1 of section 6908 of the education law is amended by adding a new paragraph i to read as follows:

i. As prohibiting in a declared state of disaster emergency, pursuant to section twenty-eight of the executive law, to the extent necessary, non-nursing staff, upon completion of training deemed adequate by the commissioner of health, to perform tasks, under the supervision of a nurse, otherwise limited to the scope of practice of a licensed or registered nurse.

Section 3. This act shall take effect immediately.

New! Online Submission of Featured AAMA -Approved CE Programs

Ready to submit AAMA-approved CEUs like a CPR card? You can now instantly submit documentation for AAMA-approved CEUs via the AAMA website! This feature is the preferred method for uploading CPR cards as well as courses from the free, online FASDs and Smiles for Life programs.

Visit the AAMA Approved CE Programs webpage to learn more about these CEU opportunities. Then log on to your AAMA website account and select Web Uploads from the left-side menu to quickly and conveniently submit your program completion documentation to receive CEU credit. Simply select the appropriate course from the drop-down menu, upload a file, and submit! The status of submitted documentation is displayed on that same webpage. Allow 2–3 business days for processing.



and removal of precancerous growths and detect the disease at an early stage, when treatment is usually more successful. As a result, screening reduces CRC mortality both by decreasing incidence and increasing survival.

The 2018 American Cancer Society CRC screening guideline recommends that adults ages 45 years and older undergo regular screening with a high-sensitivity stool-based test or visual examination, depending on patient preference and test availability. As part of the screening process, all positive results on non-colonoscopy screening tests should be followed up with a timely colonoscopy because delays in follow-up of abnormal results increase the risk of advanced CRC and CRC death. The age to initiate CRC screening was lowered from 50 to 45 years because incidence rates are increasing in younger populations, and modeling studies demonstrated that the balance of benefit to harm was more favorable for beginning screening at age 45 than at 50. Although health insurance coverage for screening those at average risk before age 50 remains variable, the American Cancer Society is working aggressively to educate insurers, lawmakers, and other stakeholders about the evidence in support of screening those ages 45-49 years and the importance of expanding coverage for this group. Screening before age 45 is recommended for those at an increased risk of CRC because of family history or certain medical conditions with age to initiate and rescreening intervals dependent on individual circumstances. Everyone should have a conversation with their health care provider about CRC screening that includes information about cancer family history well before age 45. Visit cancer.org/cancer/colon-rectal-cancer/early-detection/acs-recommendations for more information.¹

Breast Cancer During the Pandemic

Quick, do a calendar search for your next ob-gyn visit. If you're like many women across the country, you may find zip. That's because many of us haven't yet rescheduled appointments we canceled because of COVID-19.

Though the time for delaying is over, many still aren't prioritizing breast health. Some are anxious about going into a doctor's office or think that because screening is elective, they can let it slide. The median age at diagnosis for breast cancer, after all, is 62, according to the nonprofit Susan G. Komen.

But while the likelihood of women under 40 being diagnosed with breast cancer in the next 10 years is low, it's not zero, says Ginny Ehrlich, CEO of the breast and ovarian health group Bright Pink. Breast cancer is the most common cancer in women under 40 and tends to be faster growing in younger women. It also often goes undetected for longer in women under 40, since they don't generally get mammograms unless they have an increased risk. (If you have a family history of breast cancer, speak to your doctor about when to begin screenings.)

COVID-19 hasn't just complicated preventive care. It has also upended treatment for many patients...women [are] forced to put their journey back to health and normal life on hold. ²

Understanding Breast Cancer Risk and How to Lower It

Every woman wants to know what she can do to lower her risk of breast cancer.

Today, there are many risk factors that have contributed to more women being diagnosed with breast cancer. Most breast cancers AREN'T inherited -- only about 5% to 10% are. This means there are many things you can do to lower your risk of being diagnosed.

Researchers are working to learn how factors in the environments outside and inside your body may work separately and together to affect your health and your risk of developing breast cancer. The environment inside your body includes genetics (the genes you got from your mother and father), hormone levels, and illnesses. The environment outside your body includes air, water, food, and everything else you come into contact with each day. Parts of this external environment enter your internal environment every day -- the food you eat, the water you drink, the air you breathe, and the vitamins or medicines you take are just a few.

Some of these factors -- your sex, your age, and your genetics, for example -- can't be changed. But many other factors -- smoking cigarettes, exercising, and eating nutritious food -- can be changed or modified. By making the healthiest choices possible, you can make sure your breast cancer risk is as low as possible.



These recommendations are based on current knowledge and research.

Some of them may seem hard -- losing weight or quitting smoking, for example -- but making these changes can help lower your risk of breast cancer. Remember, no one is perfect. Set your goals and try to do the best you can every day.

Breastcancer.org Chief Medical Officer Marisa Weiss, M.D. says, "Some steps yield instant payoff -- like stopping hormone replacement therapy or catching up on lost sleep. Other steps require a lot of work over time before payday -- like maintaining a healthy weight. Our aim is to give you steps that are very practical and reasonable. Set your goals and strive to do the best you can on an everyday basis!"³ See <https://www.breastcancer.org/risk/factors> for more information on established and emerging risk factors.

Free CEU opportunity for MARWeek

"Medical Assistants' Roles in Improving Colorectal Cancer Screening Rates: Getting to 80% in Every Community," a course that emphasizes the importance of increasing colorectal cancer screening, was added to the e-Learning Center earlier this year. During this year's MARWeek celebration, this continuing education opportunity will be free to AAMA members!

The course was created and narrated by Durado Brooks, MD, MPH, vice president of cancer control intervention for the American Cancer Society, in partnership with the National Colorectal Cancer Roundtable.

Worth 1 AAMA-approved CEU (gen/clin), this course normally costs \$10 for AAMA members and \$15 for nonmembers, but will be free for AAMA members (and \$5 for nonmembers) October 19–23, 2020. ♦

¹American Cancer Society 2020. <https://www.cancer.org/content/dam/cancer-org/research/cancer-facts-and-statistics/colorectal-cancer-facts-and-figures/colorectal-cancer-facts-and-figures-2020-2022.pdf>

²Parents Network, Parents.com 2020 <https://www.parents.com/health/coronavirus/i-had-breast-cancer-during-the-pandemic/> 29 September 2020.

³Breastcancer.org 2020 <https://www.breastcancer.org/risk/understand>. 29 September 2020.

October 2020, Volume 53, Issue 2

Editor
Heather Kazmierczak, BFA, CMA (AAMA)
41 Whitestone Lane
Lancaster, NY 14086

Phone: 716-361-4788
E-mail: heatherkazmie@gmail.com



GET INVOLVED

Rub Elbows | Connect with colleagues at local and state programs and events. Meet a mentor for lunch. And, once you get home, shoot off a quick e-mail to the people you've met or heard speak at a session. Build lasting professional friendships.

Boost Your Job Leads | At least 60 percent of all jobs are found through networking, according to About.com. As a member of the AAMA, you'll meet other medical assistants who are working in the field. Talk to them. Let them know if you're looking for employment opportunities.

<https://www.aama-ntl.org/membership/benefits>



MARWeek October 19-23, 2020