## WEBVTT

00:00:00.000 --> 00:00:02.460 Support for Yale Cancer Answers

NOTE Confidence: 0.8535721

 $00:00:02.460 \longrightarrow 00:00:04.920$  comes from AstraZeneca, dedicated

NOTE Confidence: 0.8535721

 $00:00:04.999 \longrightarrow 00:00:07.344$  to advancing options and providing

NOTE Confidence: 0.8535721

 $00:00:07.344 \longrightarrow 00:00:10.300$  hope for people living with cancer.

NOTE Confidence: 0.8535721

 $00:00:10.300 \longrightarrow 00:00:13.700$  More information at a strazeneca-us.com.

NOTE Confidence: 0.8535721

 $00:00:13.700 \longrightarrow 00:00:15.818$  Welcome to Yale Cancer Answers with

NOTE Confidence: 0.8535721

00:00:15.818 --> 00:00:18.129 your host doctor Anees Chagpar.

NOTE Confidence: 0.8535721

00:00:18.130 --> 00:00:19.950 Yale Cancer Answers features the

NOTE Confidence: 0.8535721

00:00:19.950 --> 00:00:22.187 latest information on cancer care by

NOTE Confidence: 0.8535721

 $00:00:22.187 \longrightarrow 00:00:23.619$  welcoming oncologists and specialists

NOTE Confidence: 0.8535721

 $00:00:23.619 \longrightarrow 00:00:26.024$  who are in the forefront of the

NOTE Confidence: 0.8535721

 $00:00:26.024 \longrightarrow 00:00:27.680$  battle to fight cancer. This week,

NOTE Confidence: 0.8535721

 $00:00:27.680 \longrightarrow 00:00:29.714$  it's a conversation about breast cancer

NOTE Confidence: 0.8535721

 $00:00:29.714 \longrightarrow 00:00:31.430$  surgery with Doctor Melanie Lynch.

NOTE Confidence: 0.8535721

 $00:00:31.430 \longrightarrow 00:00:33.440$  Doctor Lynch is an assistant

00:00:33.440 --> 00:00:35.881 professor and doctor Chagpar is

NOTE Confidence: 0.8535721

00:00:35.881 --> 00:00:37.691 a professor of surgical oncology

NOTE Confidence: 0.8535721

 $00:00:37.691 \longrightarrow 00:00:40.010$  at the Yale School of Medicine.

 $00:00:40.400 \longrightarrow 00:00:42.758$  Melanie, maybe we could start off

NOTE Confidence: 0.88535124

 $00:00:42.758 \longrightarrow 00:00:45.802$  by you telling us a little bit about

NOTE Confidence: 0.88535124

 $00{:}00{:}45.802 \dashrightarrow 00{:}00{:}48.118$  yourself and about what you do.

NOTE Confidence: 0.88535124

00:00:48.120 --> 00:00:50.752 I have just moved to Connecticut

NOTE Confidence: 0.88535124

 $00:00:50.752 \longrightarrow 00:00:53.732$  and joined the team at Yale from Northeast

NOTE Confidence: 0.88535124

 $00:00:53.732 \longrightarrow 00:00:56.832$  Ohio where I have been a surgeon and

NOTE Confidence: 0.88535124

00:00:56.832 --> 00:00:58.917 surgical oncologist for 20 years.

NOTE Confidence: 0.88535124

 $00:00:58.920 \dashrightarrow 00:01:02.594$  My background is all based in Ohio.

NOTE Confidence: 0.88535124

 $00:01:02.594 \longrightarrow 00:01:04.870$  I graduated from the Ohio State Program

NOTE Confidence: 0.88535124

 $00:01:04.870 \longrightarrow 00:01:06.890$  Medical Scientist program where my

NOTE Confidence: 0.88535124

 $00{:}01{:}06.890 \dashrightarrow 00{:}01{:}08.996$  research interest was in molecular

NOTE Confidence: 0.88535124

 $00{:}01{:}08.996 \dashrightarrow 00{:}01{:}10.708$  biology and signal transduction

NOTE Confidence: 0.88535124

 $00:01:10.708 \longrightarrow 00:01:12.848$  in breast and ovarian cancer,

 $00:01:12.850 \longrightarrow 00:01:15.594$  and then in my third year of medical

NOTE Confidence: 0.88535124

 $00:01:15.594 \longrightarrow 00:01:18.955$  school I found that surgery was my calling.

NOTE Confidence: 0.88535124

 $00:01:18.960 \longrightarrow 00:01:21.697$  I did my training in general surgery

NOTE Confidence: 0.88535124

 $00:01:21.697 \longrightarrow 00:01:24.068$  and surgical oncology at Case Western

NOTE Confidence: 0.88535124

00:01:24.068 --> 00:01:26.330 Reserve in Cleveland and have

NOTE Confidence: 0.88535124

00:01:26.330 --> 00:01:28.600 built a practice in Northeast Ohio

NOTE Confidence: 0.88535124

 $00{:}01{:}28.600 \dashrightarrow 00{:}01{:}31.182$  where I was most recently the director

NOTE Confidence: 0.88535124

 $00:01:31.182 \longrightarrow 00:01:32.706$  of the Breast program

NOTE Confidence: 0.88535124

 $00{:}01{:}32.710 \dashrightarrow 00{:}01{:}34.940$  in the Summa Health System.

NOTE Confidence: 0.88535124

 $00:01:34.940 \longrightarrow 00:01:37.596$  In that role we helped build a

NOTE Confidence: 0.88535124

 $00:01:37.596 \longrightarrow 00:01:40.635$  team where we were able to develop

NOTE Confidence: 0.88535124

 $00{:}01{:}40.635 \dashrightarrow 00{:}01{:}42.935$  comprehensive services for women with

NOTE Confidence: 0.88535124

00:01:43.014 --> 00:01:45.315 breast cancer, including same day.,

NOTE Confidence: 0.88535124

 $00:01:45.315 \longrightarrow 00:01:46.560$  next day consultations,

NOTE Confidence: 0.88535124

 $00:01:46.560 \longrightarrow 00:01:47.805$  a multidisciplinary clinic,

NOTE Confidence: 0.88535124

00:01:47.805 --> 00:01:49.050 high risk program,

 $00:01:49.050 \longrightarrow 00:01:51.145$  clinical program based on survivorship

NOTE Confidence: 0.88535124

 $00{:}01{:}51.145 {\:{\circ}{\circ}{\circ}}>00{:}01{:}53.672$  care and a oncoplastic surgery

NOTE Confidence: 0.88535124

00:01:53.672 --> 00:01:56.227 program to ensure that women had the

NOTE Confidence: 0.88535124

 $00:01:56.227 \longrightarrow 00:01:58.832$  option for the best long-term outcomes

NOTE Confidence: 0.88535124

 $00{:}01{:}58.832 \longrightarrow 00{:}02{:}01.082$  from their breast cancer surgery.

NOTE Confidence: 0.88535124

 $00:02:01.090 \longrightarrow 00:02:04.816$  Maybe we can talk a little bit about

NOTE Confidence: 0.87053126

 $00:02:04.820 \longrightarrow 00:02:07.436$  all of those issues that you

NOTE Confidence: 0.87053126

 $00:02:07.436 \longrightarrow 00:02:09.950$  kind of mentioned that you had

NOTE Confidence: 0.87053126

 $00:02:09.950 \longrightarrow 00:02:12.398$  developed in your practice in Ohio

NOTE Confidence: 0.87053126

 $00:02:12.398 \longrightarrow 00:02:14.649$  and presumably will carry on here,

NOTE Confidence: 0.87053126

 $00{:}02{:}14.650 \dashrightarrow 00{:}02{:}17.114$  so I want to start at the beginning

NOTE Confidence: 0.87053126

 $00:02:17.114 \longrightarrow 00:02:19.556$  of the breast cancer journey

NOTE Confidence: 0.87053126

 $00:02:19.556 \longrightarrow 00:02:21.736$  when people don't even know

NOTE Confidence: 0.87053126

 $00{:}02{:}21.736 \dashrightarrow 00{:}02{:}24.057$  that they have breast cancer.

NOTE Confidence: 0.87053126

 $00:02:24.060 \longrightarrow 00:02:26.804$  So talk a little bit about screening.

 $00:02:26.810 \longrightarrow 00:02:29.970$  This is one of the areas that I think a

NOTE Confidence: 0.87053126

 $00{:}02{:}30.051 \dashrightarrow 00{:}02{:}32.886$  lot of people have questions about in

NOTE Confidence: 0.87053126

 $00:02:32.886 \longrightarrow 00:02:36.208$  terms of who should get screened when,

NOTE Confidence: 0.87053126

 $00:02:36.210 \longrightarrow 00:02:38.170$  how frequently and with what.

NOTE Confidence: 0.86673623

 $00:02:39.130 \longrightarrow 00:02:41.518$  That's an excellent question,

NOTE Confidence: 0.86673623

 $00:02:41.520 \longrightarrow 00:02:44.336$  and I think those of us who have

NOTE Confidence: 0.86673623

 $00:02:44.336 \longrightarrow 00:02:47.078$  been working in the field for quite

NOTE Confidence: 0.86673623

 $00:02:47.078 \longrightarrow 00:02:49.900$  awhile also have those same questions.

NOTE Confidence: 0.86673623

 $00{:}02{:}49.900 \dashrightarrow 00{:}02{:}51.692$  The data is evolving.

NOTE Confidence: 0.86673623

 $00:02:51.692 \longrightarrow 00:02:54.380$  We have thought about cancer screening

NOTE Confidence: 0.86673623

 $00{:}02{:}54.464 \dashrightarrow 00{:}02{:}57.216$  as age based that at a certain age

NOTE Confidence: 0.86673623

 $00:02:57.216 \longrightarrow 00:02:59.536$  women would begin to get mammograms

NOTE Confidence: 0.86673623

 $00:02:59.536 \longrightarrow 00:03:02.304$  and we would choose that age to

NOTE Confidence: 0.86673623

 $00{:}03{:}02.304 \dashrightarrow 00{:}03{:}04.908$  begin screening based upon the best

NOTE Confidence: 0.86673623

00:03:04.908 --> 00:03:07.398 epidemiological data or the data of

NOTE Confidence: 0.86673623

 $00:03:07.398 \longrightarrow 00:03:09.618$  what we know about the population.

 $00{:}03{:}09.620 \longrightarrow 00{:}03{:}12.386$  Incidence of cancer as a whole.

NOTE Confidence: 0.86673623

 $00:03:12.390 \longrightarrow 00:03:14.650$  Overtime, we've really come to

NOTE Confidence: 0.86673623

 $00{:}03{:}14.650 \dashrightarrow 00{:}03{:}16.910$  understand that screening should be

NOTE Confidence: 0.86673623

 $00:03:16.983 \longrightarrow 00:03:19.475$  risk based that some women are at

NOTE Confidence: 0.86673623

 $00:03:19.475 \longrightarrow 00:03:21.684$  increased risk for breast cancer and

NOTE Confidence: 0.86673623

 $00:03:21.684 \longrightarrow 00:03:24.572$  that increased risk may put them at risk

NOTE Confidence: 0.86673623

00:03:24.572 --> 00:03:27.316 at even younger ages than other women,

NOTE Confidence: 0.86673623

 $00:03:27.320 \longrightarrow 00:03:29.195$  and so developing guidelines that

NOTE Confidence: 0.86673623

 $00{:}03{:}29.195 \dashrightarrow 00{:}03{:}31.650$  take risk into account is complex.

NOTE Confidence: 0.86673623

 $00:03:31.650 \longrightarrow 00:03:34.394$  So we have competing guidelines that say,

NOTE Confidence: 0.86673623

 $00{:}03{:}34.400 \dashrightarrow 00{:}03{:}37.725$  well, maybe some women should be screened

NOTE Confidence: 0.86673623

 $00:03:37.725 \longrightarrow 00:03:41.077$  starting at age 40 or 45 or 50,

NOTE Confidence: 0.86673623

 $00:03:41.080 \longrightarrow 00:03:43.120$  but we really should take

NOTE Confidence: 0.86673623

 $00:03:43.120 \longrightarrow 00:03:44.648$  all the other components

NOTE Confidence: 0.86673623

00:03:44.648 --> 00:03:46.176 of risk into account,

00:03:46.180 --> 00:03:48.448 including family history,

NOTE Confidence: 0.86673623

00:03:48.450 --> 00:03:49.428 estrogen exposure,

NOTE Confidence: 0.86673623

00:03:49.428 --> 00:03:49.917 obesity,

NOTE Confidence: 0.86673623

 $00:03:49.917 \longrightarrow 00:03:52.851$  all of these other components of

NOTE Confidence: 0.86673623

 $00:03:52.851 \longrightarrow 00:03:55.677$  risk to help define the best age

NOTE Confidence: 0.86673623

00:03:55.677 --> 00:03:58.034 to start screening and then the

NOTE Confidence: 0.86673623

 $00:03:58.034 \longrightarrow 00:04:00.350$  best tools to use for screening.

NOTE Confidence: 0.86673623

 $00:04:00.350 \longrightarrow 00:04:03.566$  So as we move towards risk based screening,

NOTE Confidence: 0.86673623

 $00{:}04{:}03.570 \dashrightarrow 00{:}04{:}05.540$  an important component of that

NOTE Confidence: 0.86673623

00:04:05.540 --> 00:04:07.116 is understanding family history

NOTE Confidence: 0.86673623

 $00:04:07.116 \longrightarrow 00:04:09.188$  and hereditary risk for cancer.

NOTE Confidence: 0.85668033

 $00:04:12.060 \longrightarrow 00:04:14.690$  So tell us more about that,

NOTE Confidence: 0.85668033

 $00:04:16.964 \longrightarrow 00:04:20.350$  if you have a relative, maybe your mother

NOTE Confidence: 0.85668033

 $00:04:20.350 \longrightarrow 00:04:24.050$  was diagnosed when she was 74 years old,

NOTE Confidence: 0.85668033

 $00:04:24.050 \longrightarrow 00:04:26.762$  but nobody else in the family

NOTE Confidence: 0.85668033

 $00:04:26.762 \longrightarrow 00:04:29.120$  has breast cancer is that

 $00:04:29.120 \longrightarrow 00:04:32.846$  the same as if somebody's you

NOTE Confidence: 0.85668033

 $00{:}04{:}32.846 {\:\dashrightarrow\:} 00{:}04{:}36.490$  know paternal aunt was diagnosed at 35,

NOTE Confidence: 0.85668033

 $00:04:36.490 \longrightarrow 00:04:40.819$  how do you kind of wrap your head around

NOTE Confidence: 0.85668033

 $00:04:40.820 \longrightarrow 00:04:43.065$  familial risk and how

NOTE Confidence: 0.85668033

00:04:43.065 --> 00:04:45.310 do you advise patients on

NOTE Confidence: 0.85668033

 $00:04:45.310 \longrightarrow 00:04:47.830$  when an individual should get screened

NOTE Confidence: 0.85668033

 $00:04:47.830 \longrightarrow 00:04:50.889$  and with what modality that should happen?

NOTE Confidence: 0.8831338

00:04:52.670 --> 00:04:54.884 That's an excellent way to frame

NOTE Confidence: 0.8831338

 $00{:}04{:}54.884 \dashrightarrow 00{:}04{:}57.153$  the question because we know breast

NOTE Confidence: 0.8831338

00:04:57.153 --> 00:04:59.325 cancer is a very common disease,

NOTE Confidence: 0.8831338

 $00:04:59.330 \longrightarrow 00:05:01.465$  so we expect one in eight women

NOTE Confidence: 0.8831338

 $00{:}05{:}01.465 \dashrightarrow 00{:}05{:}03.779$  in the United States will develop

NOTE Confidence: 0.8831338

 $00:05:03.779 \longrightarrow 00:05:05.984$  breast cancer in their lifetime,

NOTE Confidence: 0.8831338

 $00:05:05.990 \longrightarrow 00:05:08.391$  so it's in most families, there will

NOTE Confidence: 0.8831338

 $00:05:08.391 \longrightarrow 00:05:11.170$  be a relative who's had breast cancer.

 $00:05:11.170 \longrightarrow 00:05:13.978$  It's when there are multiple relatives in the

NOTE Confidence: 0.8831338

 $00{:}05{:}13.978 \dashrightarrow 00{:}05{:}16.717$  family with breast cancer or ovarian cancer,

NOTE Confidence: 0.8831338

 $00:05:16.720 \longrightarrow 00:05:19.856$  and when those relatives are diagnosed at

NOTE Confidence: 0.8831338

 $00:05:19.856 \longrightarrow 00:05:22.878$  a relatively young age less than age 50

NOTE Confidence: 0.8831338

 $00:05:22.880 \longrightarrow 00:05:25.442$  that we begin to have a suspicion

NOTE Confidence: 0.8831338

 $00{:}05{:}25.442 \dashrightarrow 00{:}05{:}28.318$  that there may be a hereditary risk

NOTE Confidence: 0.8831338

 $00:05:28.318 \longrightarrow 00:05:30.438$  for cancer in those families.

NOTE Confidence: 0.8831338

 $00{:}05{:}30.440 \dashrightarrow 00{:}05{:}33.608$  A good rule of thumb is what I teach

NOTE Confidence: 0.8831338

 $00{:}05{:}33.608 \dashrightarrow 00{:}05{:}36.408$  my residence, the 3-2-1 rule.

NOTE Confidence: 0.8831338

 $00:05:36.410 \longrightarrow 00:05:39.091$  If there are three or more relatives

NOTE Confidence: 0.8831338

 $00{:}05{:}39.091 \dashrightarrow 00{:}05{:}40.790$  with breast or ovarian cancer,

NOTE Confidence: 0.8831338

 $00:05:40.790 \longrightarrow 00:05:43.178$  if there are two primary relatives,

NOTE Confidence: 0.8831338

 $00:05:43.180 \longrightarrow 00:05:43.976$  mother, sister,

NOTE Confidence: 0.8831338

 $00{:}05{:}43.976 \dashrightarrow 00{:}05{:}45.568$  daughter with breast cancer,

NOTE Confidence: 0.8831338

 $00:05:45.570 \longrightarrow 00:05:48.426$  or if there is one relative with

NOTE Confidence: 0.8831338

 $00:05:48.426 \longrightarrow 00:05:50.738$  breast cancer at a young age,

 $00:05:50.740 \longrightarrow 00:05:52.920$  cancer in both breasts, or

NOTE Confidence: 0.8831338

00:05:52.920 --> 00:05:54.504 breast and ovarian cancer,

NOTE Confidence: 0.8831338

 $00:05:54.504 \longrightarrow 00:05:57.612$  that's kind of a quick sketch of

NOTE Confidence: 0.8831338

00:05:57.612 --> 00:06:00.220 what a high risk family might look like,

NOTE Confidence: 0.8831338

 $00:06:00.220 \longrightarrow 00:06:02.940$  and so most of us have had patients

NOTE Confidence: 0.8831338

00:06:02.940 --> 00:06:05.498 who've come to our office that might

NOTE Confidence: 0.8831338

 $00:06:05.498 \longrightarrow 00:06:07.890$  have a mother with breast cancer,

NOTE Confidence: 0.8831338

 $00{:}06{:}07.890 \dashrightarrow 00{:}06{:}10.424$  but she was the only relative and

NOTE Confidence: 0.8831338

 $00{:}06{:}10.424 \longrightarrow 00{:}06{:}12.355$  she was diagnosed after menopause

NOTE Confidence: 0.8831338

 $00:06:12.355 \longrightarrow 00:06:15.043$  and that would be kind of the

NOTE Confidence: 0.8831338

 $00:06:15.043 \longrightarrow 00:06:17.168$  baseline risk of cancer that we

NOTE Confidence: 0.8831338

00:06:17.168 --> 00:06:19.570 see in the population as a whole.

NOTE Confidence: 0.8831338

 $00:06:19.570 \longrightarrow 00:06:22.920$  And we know 75% of breast cancer cases are

NOTE Confidence: 0.8831338

00:06:22.920 --> 00:06:24.416 unrelated to family history,

NOTE Confidence: 0.8831338

 $00:06:24.416 \longrightarrow 00:06:27.096$  it's the 10% of breast cancer cases

 $00:06:27.096 \longrightarrow 00:06:29.430$  that are related to hereditary risk

NOTE Confidence: 0.8831338

00:06:29.504 --> 00:06:31.807 that we can help identify by

NOTE Confidence: 0.8831338

 $00:06:31.807 \longrightarrow 00:06:33.641$  taking a detailed family history

NOTE Confidence: 0.8831338

 $00:06:33.641 \longrightarrow 00:06:35.975$  and that women themselves can begin

NOTE Confidence: 0.8831338

 $00:06:35.975 \longrightarrow 00:06:38.764$  to sort out as they talk to their

NOTE Confidence: 0.8831338

 $00:06:38.764 \longrightarrow 00:06:41.014$  relatives and figure out what

NOTE Confidence: 0.8831338

 $00:06:41.014 \longrightarrow 00:06:43.114$  their extended family looks like.

NOTE Confidence: 0.860318

 $00:06:44.580 \longrightarrow 00:06:47.908$  So, let's breakdown those two groups then.

NOTE Confidence: 0.860318

 $00{:}06{:}47.910 \dashrightarrow 00{:}06{:}51.663$  So for the people who are at, as you

NOTE Confidence: 0.860318

00:06:51.663 --> 00:06:54.216 called it, baseline or average risk,

NOTE Confidence: 0.860318

 $00{:}06{:}54.216 {\:{\circ}{\circ}{\circ}}>00{:}06{:}57.275$  maybe there's nobody in their family who

NOTE Confidence: 0.860318

00:06:57.275 --> 00:06:59.970 has history of breast or ovarian cancer,

NOTE Confidence: 0.860318

 $00:06:59.970 \longrightarrow 00:07:01.634$  maybe their mother was

NOTE Confidence: 0.860318

 $00{:}07{:}01.634 \dashrightarrow 00{:}07{:}03.298$  diagnosed post menopause,

NOTE Confidence: 0.860318

 $00:07:03.300 \longrightarrow 00:07:05.380$  what do you recommend for

NOTE Confidence: 0.860318

 $00:07:05.380 \longrightarrow 00:07:07.460$  them in terms of screening?

00:07:07.460 --> 00:07:09.540 When should they start screening?

NOTE Confidence: 0.860318

 $00:07:09.540 \longrightarrow 00:07:12.445$  How frequently should they screen and with

NOTE Confidence: 0.860318

 $00:07:12.450 \longrightarrow 00:07:15.084$  what modality?

NOTE Confidence: 0.860318

 $00:07:15.084 \longrightarrow 00:07:17.120$  The American Cancer Society guidelines tend to

be

NOTE Confidence: 0.860318

 $00:07:17.120 \longrightarrow 00:07:19.710$  a good balance between the

NOTE Confidence: 0.860318

 $00:07:19.710 \longrightarrow 00:07:21.782$  competing guidelines from different

NOTE Confidence: 0.860318

00:07:21.782 --> 00:07:23.777 professional societies and the

NOTE Confidence: 0.860318

 $00{:}07{:}23.777 \dashrightarrow 00{:}07{:}26.122$  American Cancer Society says to

NOTE Confidence: 0.860318

00:07:26.122 --> 00:07:28.449 consider screening starting at age 40,

NOTE Confidence: 0.860318

 $00:07:28.450 \longrightarrow 00:07:30.338$  but certainly start screening

NOTE Confidence: 0.860318

 $00:07:30.338 \longrightarrow 00:07:32.698$  by the age of 45.

NOTE Confidence: 0.860318

 $00:07:32.700 \longrightarrow 00:07:35.255$  That mammography is the best

NOTE Confidence: 0.860318

 $00:07:35.255 \longrightarrow 00:07:37.299$  screening modality that women

NOTE Confidence: 0.860318

 $00:07:37.299 \longrightarrow 00:07:40.011$  should be screened of average risk

NOTE Confidence: 0.860318

 $00:07:40.011 \longrightarrow 00:07:42.610$  to be screened every other year.

 $00:07:45.840 \longrightarrow 00:07:48.438$  And with the consideration for screening

NOTE Confidence: 0.85482615

 $00{:}07{:}48.438 \to 00{:}07{:}51.475$  every year for women who might have

NOTE Confidence: 0.85482615

 $00:07:51.475 \longrightarrow 00:07:54.352$  increased risk or have dense breast tissue,

NOTE Confidence: 0.85482615

 $00:07:54.360 \longrightarrow 00:07:59.270$  so those guidelines seem to be the best.

NOTE Confidence: 0.8555667

 $00:08:03.160 \longrightarrow 00:08:04.644$  And when should people

NOTE Confidence: 0.8555667

 $00:08:04.644 \longrightarrow 00:08:06.499$  stop screening?

NOTE Confidence: 0.8555667

 $00:08:06.500 \longrightarrow 00:08:09.128$  I mean should should people continue

NOTE Confidence: 0.8555667

 $00:08:09.128 \longrightarrow 00:08:11.907$  to screen well into their 80s and

NOTE Confidence: 0.8555667

 $00:08:11.907 \longrightarrow 00:08:14.525$  90s or is there a point at which

NOTE Confidence: 0.8555667

 $00:08:14.525 \longrightarrow 00:08:17.277$  you say you no longer need to get

NOTE Confidence: 0.8555667

 $00:08:17.277 \longrightarrow 00:08:19.480$  that annual or every two year

NOTE Confidence: 0.8555667

 $00:08:19.480 \longrightarrow 00:08:22.910$  mammogram?

NOTE Confidence: 0.8555667

 $00{:}08{:}22.910 \dashrightarrow 00{:}08{:}24.269$  Very interesting question,

NOTE Confidence: 0.8555667

 $00:08:24.269 \longrightarrow 00:08:26.081$  because the general guideline

NOTE Confidence: 0.8555667

 $00:08:26.081 \longrightarrow 00:08:28.525$  is to stop screening within the

 $00:08:28.525 \longrightarrow 00:08:31.338$  last 10 years of life and for the

NOTE Confidence: 0.8555667

 $00:08:31.338 \longrightarrow 00:08:33.600$  average woman in the United States,

NOTE Confidence: 0.8555667

 $00:08:33.600 \longrightarrow 00:08:36.768$  the life expectancy is at 84.

NOTE Confidence: 0.8555667

 $00:08:36.770 \longrightarrow 00:08:39.950$  So we would say stop screening

NOTE Confidence: 0.8555667

 $00:08:39.950 \longrightarrow 00:08:42.580$  somewhere in your mid 70s.

NOTE Confidence: 0.8555667

 $00:08:42.580 \longrightarrow 00:08:44.687$  It's hard to predict what the

NOTE Confidence: 0.8555667

00:08:44.687 --> 00:08:46.849 last 10 years of life are though,

NOTE Confidence: 0.8555667

 $00:08:46.850 \longrightarrow 00:08:48.270$  so that's often a discussion

NOTE Confidence: 0.8555667

 $00:08:48.270 \longrightarrow 00:08:49.690$  that a woman should have with

NOTE Confidence: 0.8555667

 $00:08:49.748 \longrightarrow 00:08:51.120$  her primary care physician.

NOTE Confidence: 0.87842333

 $00:08:52.410 \longrightarrow 00:08:54.400$  And what about clinical breast

NOTE Confidence: 0.87842333

 $00:08:54.400 \longrightarrow 00:08:56.390$  exam and self breast exam?

NOTE Confidence: 0.87842333

00:08:56.390 --> 00:08:58.784 Do you recommend that to your

NOTE Confidence: 0.87842333

 $00{:}08{:}58.784 \dashrightarrow 00{:}09{:}01.960$  patients or has that fallen out of

NOTE Confidence: 0.87842333

 $00:09:01.960 \longrightarrow 00:09:03.340$  favor?

NOTE Confidence: 0.87842333

 $00:09:03.340 \longrightarrow 00:09:05.410$  I do recommend that to patients

 $00:09:05.484 \longrightarrow 00:09:07.819$  because many breast cancers are

NOTE Confidence: 0.87842333

 $00{:}09{:}07.819 \dashrightarrow 00{:}09{:}09.687$  identified by women themselves

NOTE Confidence: 0.87842333

 $00:09:09.687 \longrightarrow 00:09:12.428$  on their self exam and the large

NOTE Confidence: 0.87842333

00:09:12.428 --> 00:09:14.740 trials that have been done looking

NOTE Confidence: 0.87842333

 $00:09:14.740 \longrightarrow 00:09:17.260$  at self breast exam and clinical

NOTE Confidence: 0.87842333

 $00:09:17.260 \longrightarrow 00:09:19.907$  breast exam have not been able to

NOTE Confidence: 0.87842333

00:09:19.907 --> 00:09:22.380 show a benefit in overall survival

NOTE Confidence: 0.87842333

 $00:09:22.380 \longrightarrow 00:09:24.426$  by using those as screening tools,

NOTE Confidence: 0.87842333

 $00:09:24.430 \longrightarrow 00:09:26.439$  but we know that they do have

NOTE Confidence: 0.87842333

 $00{:}09{:}26.439 \dashrightarrow 00{:}09{:}28.548$  value in that women will often

NOTE Confidence: 0.87842333

 $00:09:28.548 \longrightarrow 00:09:30.906$  identify cancers on their self exam.

NOTE Confidence: 0.87842333

 $00:09:30.910 \longrightarrow 00:09:33.004$  So I recommend patients continue to

NOTE Confidence: 0.87842333

 $00{:}09{:}33.004 \dashrightarrow 00{:}09{:}35.497$  do self breast exam to be familiar

NOTE Confidence: 0.87842333

 $00:09:35.497 \longrightarrow 00:09:37.555$  with their breasts and changes in

NOTE Confidence: 0.87842333

 $00:09:37.555 \longrightarrow 00:09:40.182$  their breast and that women who are at

 $00:09:40.182 \longrightarrow 00:09:42.163$  increased risk for breast cancer have

NOTE Confidence: 0.87842333

 $00{:}09{:}42.163 \dashrightarrow 00{:}09{:}44.550$  a clinical breast exam every six months.

NOTE Confidence: 0.85398006

 $00:09:46.110 \longrightarrow 00:09:48.721$  And so let's talk about that

NOTE Confidence: 0.85398006

00:09:48.721 --> 00:09:50.777 population who are at increased

NOTE Confidence: 0.85398006

 $00{:}09{:}50.777 \dashrightarrow 00{:}09{:}52.932$ risk aside from the clinical

NOTE Confidence: 0.85398006

 $00:09:52.932 \longrightarrow 00:09:55.109$  breast exam every six months.

NOTE Confidence: 0.85398006

 $00:09:55.110 \longrightarrow 00:09:56.433$  Two questions. First,

NOTE Confidence: 0.85398006

00:09:56.433 --> 00:09:58.197 when should those clinical

NOTE Confidence: 0.85398006

 $00{:}09{:}58.197 \dashrightarrow 00{:}10{:}00.119$  breast exams start and second,

NOTE Confidence: 0.85398006

 $00:10:00.120 \longrightarrow 00:10:02.262$  what other modalities do you

NOTE Confidence: 0.85398006

 $00{:}10{:}02.262 {\:{\mbox{--}}\!>}\ 00{:}10{:}04.639$  use in that high risk population

NOTE Confidence: 0.85398006

 $00:10:04.639 \longrightarrow 00:10:07.830$  to screen for breast cancer?

NOTE Confidence: 0.8948246

 $00{:}10{:}07.830 \dashrightarrow 00{:}10{:}09.797$  So the women who are at increased

NOTE Confidence: 0.8948246

00:10:09.797 --> 00:10:11.654 risk for breast cancer will often

NOTE Confidence: 0.8948246

 $00:10:11.654 \longrightarrow 00:10:13.562$  have a family history of cancer.

NOTE Confidence: 0.8948246

 $00:10:13.570 \longrightarrow 00:10:16.272$  They may have a history of radiation

00:10:16.272 --> 00:10:19.480 to their chest at a young age for

NOTE Confidence: 0.8948246

 $00:10:19.480 \longrightarrow 00:10:21.450$  the treatment of another disease.

NOTE Confidence: 0.8948246

 $00:10:21.450 \longrightarrow 00:10:23.515$  Or they may have other

NOTE Confidence: 0.8948246

00:10:23.515 --> 00:10:25.167 risk factors like obesity.

NOTE Confidence: 0.8948246

00:10:25.170 --> 00:10:26.818 Those all increase your

NOTE Confidence: 0.8948246

00:10:26.818 --> 00:10:28.466 risk of breast cancer,

NOTE Confidence: 0.8948246

 $00:10:28.470 \longrightarrow 00:10:30.540$  and by using statistical models,

NOTE Confidence: 0.8948246

 $00:10:30.540 \longrightarrow 00:10:33.036$  if we think that their lifetime

NOTE Confidence: 0.8948246

 $00:10:33.036 \longrightarrow 00:10:35.489$  risk might be greater than 20%,

NOTE Confidence: 0.8948246

 $00{:}10{:}35.490 \dashrightarrow 00{:}10{:}38.122$  those are the women that we would

NOTE Confidence: 0.8948246

00:10:38.122 --> 00:10:40.040 recommend high risk follow-up,

NOTE Confidence: 0.8948246

 $00{:}10{:}40.040 \dashrightarrow 00{:}10{:}42.465$  which would include this clinical

NOTE Confidence: 0.8948246

00:10:42.465 --> 00:10:45.457 breast exam every six months and

NOTE Confidence: 0.8948246

 $00:10:45.457 \longrightarrow 00:10:47.882$  screening both with mammogram and

NOTE Confidence: 0.8948246

 $00:10:47.882 \longrightarrow 00:10:50.530$  possibly with breast MRI as well.

 $00:10:50.530 \longrightarrow 00:10:52.774$  And so for my patients that

NOTE Confidence: 0.8948246

 $00:10:52.774 \longrightarrow 00:10:54.270$  fall into that category,

NOTE Confidence: 0.8948246

 $00:10:54.270 \longrightarrow 00:10:56.888$  I often see them twice a year,

NOTE Confidence: 0.8948246

 $00:10:56.890 \longrightarrow 00:10:59.380$  or I'll alternate that clinical exam

NOTE Confidence: 0.8948246

 $00:10:59.380 \longrightarrow 00:11:01.942$  with their primary care physician and

NOTE Confidence: 0.8948246

 $00:11:01.942 \longrightarrow 00:11:04.847$  then screen with both mammogram and MRI.

NOTE Confidence: 0.8948246

 $00:11:04.850 \longrightarrow 00:11:06.830$  We will recommend starting high risk

NOTE Confidence: 0.8948246

 $00:11:06.830 \longrightarrow 00:11:09.575$  screening at an age that seems to be

NOTE Confidence: 0.8948246

 $00:11:09.575 \longrightarrow 00:11:11.621$  either reflected in their family history.

NOTE Confidence: 0.8948246

00:11:11.630 --> 00:11:12.264 For example,

NOTE Confidence: 0.8948246

00:11:12.264 --> 00:11:14.800 if they have a number of relatives who

NOTE Confidence: 0.8948246

 $00:11:14.870 \longrightarrow 00:11:17.048$  develop breast cancer in their 40s,

NOTE Confidence: 0.8948246

 $00:11:17.050 \longrightarrow 00:11:17.489$  well,

NOTE Confidence: 0.8948246

 $00:11:17.489 \longrightarrow 00:11:19.684$  then we should begin screening

NOTE Confidence: 0.8948246

 $00:11:19.684 \longrightarrow 00:11:22.356$  at 10 years younger or begin

NOTE Confidence: 0.8948246

 $00:11:22.356 \longrightarrow 00:11:24.028$  screening in their 30s.

 $00:11:24.030 \longrightarrow 00:11:25.926$  So the age at which we would start

NOTE Confidence: 0.8948246

 $00{:}11{:}25.926 \dashrightarrow 00{:}11{:}27.658$  this high risk screening is really

NOTE Confidence: 0.8948246

00:11:27.658 --> 00:11:30.010 based upon a family history can give us

NOTE Confidence: 0.8948246

 $00:11:30.010 \longrightarrow 00:11:31.946$  some clues as the best time to start.

NOTE Confidence: 0.8436555

00:11:33.120 --> 00:11:36.384 Great, so moving on to think about

NOTE Confidence: 0.8436555

 $00:11:36.384 \longrightarrow 00:11:39.568$  patients who have gone through screening.

NOTE Confidence: 0.8436555

 $00:11:39.570 \longrightarrow 00:11:41.875$  And let's say they've been

NOTE Confidence: 0.8436555

 $00{:}11{:}41.875 \dashrightarrow 00{:}11{:}43.719$  diagnosed with breast cancer.

NOTE Confidence: 0.8436555

 $00:11:43.720 \longrightarrow 00:11:46.674$  The other thing that you had mentioned

NOTE Confidence: 0.8436555

 $00:11:46.674 \longrightarrow 00:11:50.483$  at the top of this show was this

NOTE Confidence: 0.8436555

 $00{:}11{:}50.483 \dashrightarrow 00{:}11{:}52.938$  move towards on coplastic surgery.

NOTE Confidence: 0.8436555

 $00:11:52.940 \longrightarrow 00:11:56.167$  Can you define that term for us?

NOTE Confidence: 0.86671805

 $00{:}11{:}56.790 {\:{\circ}{\circ}{\circ}}>00{:}11{:}58.745$  Oncoplastic surgery is using

NOTE Confidence: 0.86671805

 $00{:}11{:}58.745 \dashrightarrow 00{:}12{:}00.309$  the best surgical techniques,

NOTE Confidence: 0.86671805

 $00:12:00.310 \longrightarrow 00:12:03.020$  including techniques that are borrowed

 $00:12:03.020 \longrightarrow 00:12:05.730$  from our plastic surgery colleagues

NOTE Confidence: 0.86671805

 $00{:}12{:}05.812 \dashrightarrow 00{:}12{:}08.430$  to achieve a complete resection of a

NOTE Confidence: 0.86671805

 $00:12:08.430 \longrightarrow 00:12:11.238$  tumor and then to achieve an optimal

NOTE Confidence: 0.86671805

 $00:12:11.240 \longrightarrow 00:12:15.420$  cosmetic outcome for the breast.

NOTE Confidence: 0.8524715

 $00:12:15.420 \longrightarrow 00:12:19.298$  So how do you do that exactly?

NOTE Confidence: 0.8524715

 $00:12:19.300 \longrightarrow 00:12:22.804$  I mean, is this for people

NOTE Confidence: 0.8524715

 $00:12:22.804 \longrightarrow 00:12:25.140$  who are undergoing partial

NOTE Confidence: 0.8524715

 $00:12:25.260 \longrightarrow 00:12:28.348$  mastectomy or lumpectomy?

NOTE Confidence: 0.8524715

 $00{:}12{:}28.350 \dashrightarrow 00{:}12{:}31.116$  Or are we really talking about

NOTE Confidence: 0.8524715

 $00:12:31.116 \longrightarrow 00:12:32.499$  reconstruction after mastectomy?

NOTE Confidence: 0.892574

 $00:12:33.350 \longrightarrow 00:12:35.684$  Both techniques, and so we

NOTE Confidence: 0.892574

 $00:12:35.684 \longrightarrow 00:12:38.190$  know that most women with breast

NOTE Confidence: 0.892574

 $00:12:38.190 \longrightarrow 00:12:40.370$  cancer are going to survive.

NOTE Confidence: 0.892574

 $00:12:40.370 \longrightarrow 00:12:42.848$  This is a very curable disease,

NOTE Confidence: 0.892574

 $00:12:42.850 \longrightarrow 00:12:45.524$  and so as we plan our operations

NOTE Confidence: 0.892574

00:12:45.524 --> 00:12:48.392 we want to achieve two things

 $00:12:48.392 \longrightarrow 00:12:51.520$  we want to achieve cure of course,

NOTE Confidence: 0.892574

 $00:12:51.520 \longrightarrow 00:12:54.856$  but we also want to achieve a good

NOTE Confidence: 0.892574

 $00:12:54.856 \longrightarrow 00:12:58.031$  functional and cosmetic outcome for our

NOTE Confidence: 0.892574

 $00:12:58.031 \longrightarrow 00:13:01.403$  patients and so these operations include

NOTE Confidence: 0.892574

 $00:13:01.410 \longrightarrow 00:13:02.676$  both breast conservation,

NOTE Confidence: 0.892574

 $00:13:02.676 \longrightarrow 00:13:04.786$  where we're doing a lumpectomy

NOTE Confidence: 0.892574

 $00:13:04.786 \longrightarrow 00:13:07.108$  and only removing the area where

NOTE Confidence: 0.892574

00:13:07.108 --> 00:13:09.214 the tumor is and approaches to

NOTE Confidence: 0.892574

 $00{:}13{:}09.283 \dashrightarrow 00{:}13{:}11.299$  mastectomy with reconstruction.

NOTE Confidence: 0.892574

 $00:13:11.300 \longrightarrow 00:13:13.743$  An example of an operation we might

NOTE Confidence: 0.892574

 $00:13:13.743 \longrightarrow 00:13:16.273$  do for someone who is undergoing

NOTE Confidence: 0.892574

 $00:13:16.273 \longrightarrow 00:13:18.628$  breast conservation or a lumpectomy

NOTE Confidence: 0.892574

00:13:18.630 --> 00:13:20.760 would be an

NOTE Confidence: 0.892574

 $00{:}13{:}20.760 \dashrightarrow 00{:}13{:}21.948$  operation where we remove

NOTE Confidence: 0.892574

 $00:13:21.948 \longrightarrow 00:13:23.730$  the area where the tumor is,

 $00:13:23.730 \longrightarrow 00:13:25.422$  and we reshape and maybe we

NOTE Confidence: 0.892574

 $00:13:25.422 \longrightarrow 00:13:27.289$  reduce the size of the breast.

NOTE Confidence: 0.892574

 $00{:}13{:}27.290 \dashrightarrow 00{:}13{:}29.950$  We make sure that the nipple areolar

NOTE Confidence: 0.892574

 $00{:}13{:}29.950 \dashrightarrow 00{:}13{:}33.069$  complex is in the middle of the breast

NOTE Confidence: 0.892574

 $00:13:33.070 \longrightarrow 00:13:34.876$  if we've removed a certain quadrant

NOTE Confidence: 0.892574

 $00:13:34.876 \longrightarrow 00:13:36.922$  then that will give a better

NOTE Confidence: 0.892574

 $00:13:36.922 \longrightarrow 00:13:38.749$  outcome in a better shape to the

NOTE Confidence: 0.892574

 $00:13:38.811 \longrightarrow 00:13:40.545$  breast and also make sure that

NOTE Confidence: 0.892574

 $00:13:40.545 \longrightarrow 00:13:42.000$  the tumor is removed completely.

NOTE Confidence: 0.8572117

00:13:42.750 --> 00:13:44.718 Terrific, we're going to pick up

NOTE Confidence: 0.8572117

00:13:44.718 --> 00:13:47.282 and learn a lot more about all

NOTE Confidence: 0.8572117

 $00:13:47.282 \longrightarrow 00:13:49.242$  of the different techniques that

NOTE Confidence: 0.8572117

00:13:49.242 --> 00:13:51.889 you use in oncoplastic surgery

NOTE Confidence: 0.8572117

 $00:13:51.890 \longrightarrow 00:13:54.038$  right after we take a short

NOTE Confidence: 0.8572117

 $00:13:54.038 \longrightarrow 00:13:56.090$  break for a medical minute.

NOTE Confidence: 0.8572117

 $00{:}13{:}56.090 \dashrightarrow 00{:}13{:}58.376$  Please stay tuned to learn more

 $00:13:58.376 \longrightarrow 00:14:00.280$  about surgery for breast cancer

NOTE Confidence: 0.8572117

 $00{:}14{:}00.280 \to 00{:}14{:}02.566$  with my guest doctor Melanie Lynch.

NOTE Confidence: 0.8572117

 $00:14:02.566 \longrightarrow 00:14:04.567$  Support for Yale Cancer Answers

NOTE Confidence: 0.8572117

00:14:04.567 --> 00:14:07.009 comes from AstraZeneca, working to

NOTE Confidence: 0.8572117

 $00:14:07.009 \longrightarrow 00:14:09.418$  eliminate cancer as a cause of death.

NOTE Confidence: 0.8572117

 $00{:}14{:}09.420 \dashrightarrow 00{:}14{:}12.340$  Learn more at a strazeneca-us.com.

NOTE Confidence: 0.8572117

 $00:14:12.340 \longrightarrow 00:14:15.749$  This is a medical minute about survivorship.

NOTE Confidence: 0.8572117

 $00:14:15.750 \longrightarrow 00:14:17.450$  Completing treatment for cancer

NOTE Confidence: 0.8572117

 $00:14:17.450 \longrightarrow 00:14:19.575$  is a very exciting milestone,

NOTE Confidence: 0.8572117

 $00{:}14{:}19.580 \dashrightarrow 00{:}14{:}22.838$  but cancer and its treatment can be a life

NOTE Confidence: 0.8572117

 $00{:}14{:}22.838 \to 00{:}14{:}25.548$  changing experience for cancer survivors.

NOTE Confidence: 0.8572117

 $00{:}14{:}25.550 \dashrightarrow 00{:}14{:}27.986$  The return to normal activities and

NOTE Confidence: 0.8572117

 $00{:}14{:}27.986 \dashrightarrow 00{:}14{:}30.094$  relationships can be difficult and

NOTE Confidence: 0.8572117

 $00:14:30.094 \longrightarrow 00:14:32.159$  some survivors face long-term side

NOTE Confidence: 0.8572117

 $00:14:32.159 \longrightarrow 00:14:34.490$  effects resulting from their treatment,

00:14:34.490 --> 00:14:35.768 including heart problems,

NOTE Confidence: 0.8572117

00:14:35.768 --> 00:14:37.046 osteoporosis, fertility issues,

NOTE Confidence: 0.8572117

 $00:14:37.050 \longrightarrow 00:14:40.025$  and an increased risk of 2nd cancers.

NOTE Confidence: 0.8572117

 $00:14:40.030 \longrightarrow 00:14:42.305$  Resources are available to help

NOTE Confidence: 0.8572117

00:14:42.305 --> 00:14:44.125 keep cancer survivors well and

NOTE Confidence: 0.8572117

00:14:44.125 --> 00:14:45.860 focused on healthy living.

NOTE Confidence: 0.8572117

 $00:14:45.860 \longrightarrow 00:14:47.932$  More information is available

NOTE Confidence: 0.8572117

 $00:14:47.932 \longrightarrow 00:14:48.968$  at yalecancercenter.org.

NOTE Confidence: 0.8572117

 $00{:}14{:}48.970 \dashrightarrow 00{:}14{:}53.086$  You're listening to Connecticut Public Radio.

NOTE Confidence: 0.8572117

 $00:14:53.090 \longrightarrow 00:14:53.530$  Welcome

NOTE Confidence: 0.8523775

 $00:14:53.530 \longrightarrow 00:14:55.720$  back to Yale Cancer Answers.

NOTE Confidence: 0.8523775

 $00:14:55.720 \longrightarrow 00:14:59.473$  I'm doctor Anees Chappar, and I'm joined

NOTE Confidence: 0.8523775

 $00:14:59.473 \longrightarrow 00:15:02.730$  to night by my guest doctor Melanie Lynch.

NOTE Confidence: 0.8523775

00:15:02.730 --> 00:15:04.478 We're talking about breast

NOTE Confidence: 0.8523775

00:15:04.478 --> 00:15:06.226 cancer surgery and Melanie,

NOTE Confidence: 0.8523775

 $00:15:06.230 \longrightarrow 00:15:09.065$  right before the break we were starting

00:15:09.065 --> 00:15:11.918 a conversation on oncoplastic surgery,

NOTE Confidence: 0.8523775

 $00:15:11.920 \longrightarrow 00:15:14.678$  which you had told us was really

NOTE Confidence: 0.8523775

 $00:15:14.678 \longrightarrow 00:15:16.740$  combining oncologic principles

NOTE Confidence: 0.8523775

00:15:16.740 --> 00:15:20.164 and how we can get breast cancer out of

NOTE Confidence: 0.8523775

 $00{:}15{:}20.164 \dashrightarrow 00{:}15{:}23.310$  people with clean margins and so on,

NOTE Confidence: 0.8523775

 $00:15:23.310 \longrightarrow 00:15:26.088$  and combining it with the best

NOTE Confidence: 0.8523775

 $00:15:26.090 \longrightarrow 00:15:28.850$  practices from plastic surgery to provide

NOTE Confidence: 0.8523775

 $00:15:28.850 \longrightarrow 00:15:31.610$  a wonderful cosmetic outcome.

NOTE Confidence: 0.8523775

 $00{:}15{:}31.610 \dashrightarrow 00{:}15{:}34.394$  And you started by telling us

NOTE Confidence: 0.8523775

 $00:15:34.394 \longrightarrow 00:15:36.781$  that these techniques are

NOTE Confidence: 0.8523775

 $00{:}15{:}36.781 \dashrightarrow 00{:}15{:}39.861$  things that you can use in breast

NOTE Confidence: 0.8523775

 $00:15:39.861 \longrightarrow 00:15:42.648$  conservation as well as in mastectomy.

NOTE Confidence: 0.8523775

 $00:15:42.650 \longrightarrow 00:15:46.050$  So in the last example that you were

NOTE Confidence: 0.8523775

 $00:15:46.050 \longrightarrow 00:15:48.924$  talking about right before the break

NOTE Confidence: 0.8523775

 $00:15:48.924 \longrightarrow 00:15:52.371$  you were mentioning that you could do

00:15:52.371 --> 00:15:55.065 this by making the breast smaller,

NOTE Confidence: 0.8523775

 $00:15:55.070 \longrightarrow 00:15:56.069$  which is great

NOTE Confidence: 0.8523775

00:15:56.069 --> 00:15:58.815 for women who may have large breasts and

NOTE Confidence: 0.8523775

00:15:58.815 --> 00:16:01.223 who may have wanted a breast reduction,

NOTE Confidence: 0.8523775

 $00:16:01.230 \longrightarrow 00:16:03.390$  but I'm sure that a lot of our

NOTE Confidence: 0.8523775

 $00:16:03.390 \longrightarrow 00:16:05.032$  listeners may be wondering well

NOTE Confidence: 0.8523775

 $00{:}16{:}05.032 \dashrightarrow 00{:}16{:}07.114$  what happens to the other breast.

NOTE Confidence: 0.8523775

 $00:16:07.120 \longrightarrow 00:16:08.670$  Nobody wants to be lopsided.

NOTE Confidence: 0.85556203

 $00:16:10.890 \longrightarrow 00:16:13.543$  Exactly, so these techniques can be

NOTE Confidence: 0.85556203

 $00:16:13.543 \longrightarrow 00:16:16.294$  used for women who have large breasts

NOTE Confidence: 0.85556203

00:16:16.294 --> 00:16:18.610 to reduce the breast and reshape

NOTE Confidence: 0.85556203

 $00:16:18.680 \longrightarrow 00:16:21.333$  the breast with a procedure for the

NOTE Confidence: 0.85556203

 $00:16:21.333 \longrightarrow 00:16:23.302$  opposite breast to provide symmetry.

NOTE Confidence: 0.85556203

 $00{:}16{:}23.302 \dashrightarrow 00{:}16{:}26.214$  And again, symmetry is one of the

NOTE Confidence: 0.85556203

00:16:26.214 --> 00:16:28.444 principles of a good outcome from

NOTE Confidence: 0.85556203

 $00:16:28.444 \longrightarrow 00:16:30.189$  from one of these operations.

 $00:16:30.190 \longrightarrow 00:16:33.222$  For women who have a size and shape

NOTE Confidence: 0.85556203

 $00{:}16{:}33.222 \dashrightarrow 00{:}16{:}36.077$  of breasts that they like and would

NOTE Confidence: 0.85556203

 $00:16:36.077 \longrightarrow 00:16:38.690$  like to maintain that we have

NOTE Confidence: 0.85556203

00:16:38.690 --> 00:16:41.230 ways of performing a lumpectomy

NOTE Confidence: 0.85556203

 $00:16:41.230 \longrightarrow 00:16:43.526$  where we can reshape the breast.

NOTE Confidence: 0.85556203

 $00{:}16{:}43.530 \dashrightarrow 00{:}16{:}45.833$  Make sure the nipple and the areola

NOTE Confidence: 0.85556203

 $00:16:45.833 \longrightarrow 00:16:48.714$  stays in the middle of the breast and

NOTE Confidence: 0.85556203

 $00{:}16{:}48.714 \dashrightarrow 00{:}16{:}51.170$  also provide a good cosmetic outcome.

NOTE Confidence: 0.85556203

 $00:16:51.170 \longrightarrow 00:16:53.610$  And for women where the amount of tissue

NOTE Confidence: 0.85556203

 $00:16:53.610 \longrightarrow 00:16:56.165$  that we need to remove from the breast

NOTE Confidence: 0.85556203

00:16:56.165 --> 00:16:58.855 in order to remove the cancer with a

NOTE Confidence: 0.85556203

00:16:58.855 --> 00:17:00.919 clear margin may create a deformity,

NOTE Confidence: 0.85556203

 $00{:}17{:}00.920 \dashrightarrow 00{:}17{:}02.240$  a loss of volume,

NOTE Confidence: 0.85556203

 $00:17:02.240 \longrightarrow 00:17:04.220$  we can often provide other techniques

NOTE Confidence: 0.85556203

 $00:17:04.286 \longrightarrow 00:17:06.449$  to help restore some of that volume,

 $00:17:06.450 \longrightarrow 00:17:08.508$  whether it's using a small flap from

NOTE Confidence: 0.85556203

 $00{:}17{:}08.508 \dashrightarrow 00{:}17{:}11.230$  the side of their chest wall or using

NOTE Confidence: 0.85556203

 $00:17:11.230 \longrightarrow 00:17:13.005$  something called fat grafting to

NOTE Confidence: 0.85556203

 $00:17:13.073 \longrightarrow 00:17:15.215$  help fill in that defect to

NOTE Confidence: 0.8361564

 $00:17:17.360 \longrightarrow 00:17:19.747$  restore the volume to that breast

NOTE Confidence: 0.8361564

 $00:17:19.747 \longrightarrow 00:17:22.686$  to create a better cosmetic outcome so

NOTE Confidence: 0.8361564

 $00{:}17{:}22.686 \dashrightarrow 00{:}17{:}25.452$  we can address all three possibilities

NOTE Confidence: 0.8361564

 $00:17:25.531 \longrightarrow 00:17:28.156$  using these oncoplastic techniques.

NOTE Confidence: 0.8504358

 $00{:}17{:}28.920 \dashrightarrow 00{:}17{:}31.734$  So the concept of fat grafting

NOTE Confidence: 0.8504358

 $00:17:31.734 \longrightarrow 00:17:33.997$  sounds really interesting and I'm sure

NOTE Confidence: 0.8504358

 $00{:}17{:}33.997 \dashrightarrow 00{:}17{:}36.293$  a lot of our listeners are thinking,

NOTE Confidence: 0.8504358

00:17:36.300 --> 00:17:38.145 I've got plenty of

NOTE Confidence: 0.8504358

 $00:17:38.145 \longrightarrow 00:17:40.360$  fat to move around. How

NOTE Confidence: 0.8504358

 $00:17:40.360 \longrightarrow 00:17:42.726$  exactly does that work so that the

NOTE Confidence: 0.8504358

 $00:17:42.726 \longrightarrow 00:17:45.066$  fat grafting is a technique that

NOTE Confidence: 0.8504358

 $00:17:45.066 \longrightarrow 00:17:47.161$  uses fat tissue that's harvested

 $00:17:47.161 \longrightarrow 00:17:49.218$  from another area of the body,

NOTE Confidence: 0.8504358

 $00{:}17{:}49.220 --> 00{:}17{:}51.060$  just like in a liposuction.

NOTE Confidence: 0.8504358

 $00:17:51.060 \longrightarrow 00:17:53.601$  That issue is then processed to remove

NOTE Confidence: 0.8504358

00:17:53.601 --> 00:17:56.586 all of the other debris and to enrich

NOTE Confidence: 0.8504358

 $00:17:56.586 \longrightarrow 00:17:59.670$  it for those fat cells that are viable.

NOTE Confidence: 0.8504358

 $00:17:59.670 \longrightarrow 00:18:02.904$  That can act as a tissue graft.

NOTE Confidence: 0.8504358

 $00:18:02.910 \longrightarrow 00:18:04.530$  The lumpectomy is performed,

NOTE Confidence: 0.8504358

 $00:18:04.530 \longrightarrow 00:18:07.790$  and we'll leave clips to mark the cavity,

NOTE Confidence: 0.8504358

 $00:18:07.790 \longrightarrow 00:18:10.639$  so we know where the tumor was.

NOTE Confidence: 0.8504358

 $00:18:10.640 \longrightarrow 00:18:12.268$  We will mobilize the breast

NOTE Confidence: 0.8504358

00:18:12.268 --> 00:18:14.303 tissue to close that defect,

NOTE Confidence: 0.8504358

 $00:18:14.310 \longrightarrow 00:18:19.764$  and so the area where the cancer was,

NOTE Confidence: 0.8504358

 $00{:}18{:}19.770 \dashrightarrow 00{:}18{:}22.262$  the integrity of that space is maintained

NOTE Confidence: 0.8504358

 $00:18:22.262 \longrightarrow 00:18:25.280$  for the focus for the radiation oncologist.

NOTE Confidence: 0.8504358

 $00:18:25.280 \longrightarrow 00:18:27.476$  The fat graft is then added

 $00:18:27.476 \longrightarrow 00:18:28.940$  to an area nearby,

NOTE Confidence: 0.8504358

 $00:18:28.940 \longrightarrow 00:18:30.448$  not in that cavity,

NOTE Confidence: 0.8504358

 $00:18:30.448 \longrightarrow 00:18:33.127$  but in the other surrounding tissue to

NOTE Confidence: 0.8504358

 $00:18:33.127 \longrightarrow 00:18:35.528$  help restore the volume in that area

NOTE Confidence: 0.8504358

 $00:18:35.530 \longrightarrow 00:18:38.458$  to create a good contour to the breast.

NOTE Confidence: 0.87981576

00:18:40.570 --> 00:18:43.978 And is that done before or after radiation?

NOTE Confidence: 0.87981576

 $00:18:43.980 \longrightarrow 00:18:46.808$  Because many of our listeners who may

NOTE Confidence: 0.87981576

00:18:46.808 --> 00:18:49.649 have gone through this experience or know

NOTE Confidence: 0.87981576

 $00{:}18{:}49.649 \dashrightarrow 00{:}18{:}52.529$  somebody who has questions

NOTE Confidence: 0.87981576

 $00:18:52.529 \longrightarrow 00:18:55.819$  about how the radiation can really affect

NOTE Confidence: 0.87981576

 $00{:}18{:}55.819 \dashrightarrow 00{:}18{:}58.890$  the cosmetic outcome of the breast itself.

NOTE Confidence: 0.8761075

 $00:18:59.520 \longrightarrow 00:19:01.168$  That's an excellent question.

NOTE Confidence: 0.8761075

00:19:01.168 --> 00:19:03.228 After partial mastectomy or lumpectomy,

NOTE Confidence: 0.8761075

 $00:19:03.230 \longrightarrow 00:19:05.594$  radiation is usually part of the

NOTE Confidence: 0.8761075

 $00:19:05.594 \longrightarrow 00:19:07.670$  treatment plan to help reduce

NOTE Confidence: 0.8761075

 $00:19:07.670 \longrightarrow 00:19:09.815$  the risk of local recurrence.

00:19:09.820 --> 00:19:11.468 Radiation itself will shrink

NOTE Confidence: 0.8761075

 $00:19:11.468 \longrightarrow 00:19:13.940$  the breast by 10 to 15%.

NOTE Confidence: 0.8761075

00:19:13.940 --> 00:19:17.648 It can also make the breast be more uplifted,

NOTE Confidence: 0.8761075

 $00:19:17.650 \longrightarrow 00:19:20.150$  again creating a problem of

NOTE Confidence: 0.8761075

 $00:19:20.150 \longrightarrow 00:19:22.650$  symmetry with the other side.

NOTE Confidence: 0.8761075

 $00:19:22.650 \longrightarrow 00:19:25.068$  The initial studies that looked

NOTE Confidence: 0.8761075

00:19:25.068 --> 00:19:28.247 at fat grafting as a way of adding

NOTE Confidence: 0.8761075

 $00{:}19{:}28.247 \dashrightarrow 00{:}19{:}30.479$  volume to the lumpectomy site and

NOTE Confidence: 0.8761075

 $00:19:30.563 \longrightarrow 00:19:33.148$  providing symmetry for the breast

NOTE Confidence: 0.8761075

00:19:33.150 --> 00:19:35.820 the fat grafting was often

NOTE Confidence: 0.8761075

00:19:35.820 --> 00:19:37.956 done after radiation therapy.

NOTE Confidence: 0.8761075

 $00:19:37.960 \longrightarrow 00:19:40.288$  Newer studies have suggested that it's

NOTE Confidence: 0.8761075

 $00{:}19{:}40.288 \dashrightarrow 00{:}19{:}42.896$  both effective and safe to do fat

NOTE Confidence: 0.8761075

 $00:19:42.896 \longrightarrow 00:19:45.213$  grafting at the time of partial mastectomy,

NOTE Confidence: 0.8761075

 $00:19:45.220 \longrightarrow 00:19:47.035$  and that the cancer

 $00:19:47.035 \longrightarrow 00:19:48.850$  outcomes are still quite good.

NOTE Confidence: 0.8761075

00:19:48.850 --> 00:19:50.665 Again, we need long-term data

NOTE Confidence: 0.8761075

00:19:50.665 --> 00:19:52.480 to know know for sure,

NOTE Confidence: 0.8761075

 $00:19:52.480 \longrightarrow 00:19:54.972$  but the most studies with five year

NOTE Confidence: 0.8761075

 $00:19:54.972 \longrightarrow 00:19:57.226$  follow up data suggests that that's

NOTE Confidence: 0.8761075

00:19:57.226 --> 00:20:00.180 a very safe way to help provide symmetry

NOTE Confidence: 0.8761075

 $00:20:03.554 \longrightarrow 00:20:05.874$  that can come from

NOTE Confidence: 0.8761075

 $00:20:05.874 \longrightarrow 00:20:08.130$  removing that much volume in a

NOTE Confidence: 0.8630437

 $00:20:08.130 \longrightarrow 00:20:10.741$  breast.

NOTE Confidence: 0.8630437

 $00:20:10.741 \longrightarrow 00:20:13.076$  The other question that people may ask is

NOTE Confidence: 0.8630437

 $00{:}20{:}13.076 \dashrightarrow 00{:}20{:}14.716$  liposuction for many people's insurance

NOTE Confidence: 0.8630437

 $00:20:14.716 \longrightarrow 00:20:16.719$  is considered a cosmetic procedure.

NOTE Confidence: 0.8630437

00:20:16.720 --> 00:20:19.576 And while people may say you know what,

NOTE Confidence: 0.8630437

 $00:20:19.580 \longrightarrow 00:20:22.658$  I've got plenty of fat that you can take

NOTE Confidence: 0.8630437

00:20:22.658 --> 00:20:25.690 off my hips and my thighs and my belly

NOTE Confidence: 0.8630437

 $00:20:25.690 \longrightarrow 00:20:28.529$  and use that for your fat grafting,

 $00:20:28.530 \longrightarrow 00:20:33.075$  in fact, you can take a little bit more.

NOTE Confidence: 0.8630437

 $00:20:33.080 \longrightarrow 00:20:35.234$  Many may be asking the question

NOTE Confidence: 0.8630437

 $00:20:35.234 \longrightarrow 00:20:37.460$  is that covered by insurance?

NOTE Confidence: 0.8747233125

 $00:20:39.180 \longrightarrow 00:20:42.188$  This is always something that we

NOTE Confidence: 0.8747233125

 $00:20:42.188 \longrightarrow 00:20:45.828$  want to address before we do our operation,

NOTE Confidence: 0.8747233125

 $00:20:45.830 \longrightarrow 00:20:48.326$  and many of these techniques we have pre

NOTE Confidence: 0.8747233125

 $00:20:48.326 \longrightarrow 00:20:50.513$  certified we sent to the insurance company

NOTE Confidence: 0.8747233125

 $00:20:50.513 \longrightarrow 00:20:53.489$  ahead of time to make sure that it will

NOTE Confidence: 0.8747233125

 $00:20:53.489 \longrightarrow 00:20:55.254$  be covered under patients insurance.

NOTE Confidence: 0.8747233125

 $00:20:55.260 \longrightarrow 00:20:56.885$  So this is a reconstructive

NOTE Confidence: 0.8747233125

 $00{:}20{:}56.885 \rightarrow 00{:}20{:}58.510$  technique like any other technique,

NOTE Confidence: 0.8747233125

 $00{:}20{:}58.510 \dashrightarrow 00{:}21{:}00.358$  is a reconstruction technique and

NOTE Confidence: 0.8747233125

 $00{:}21{:}00.358 \operatorname{--}{>} 00{:}21{:}02.729$  those are covered by most insurance plans,

NOTE Confidence: 0.8747233125

 $00:21:02.730 \longrightarrow 00:21:05.201$  so it's something that we always want

NOTE Confidence: 0.8747233125

00:21:05.201 --> 00:21:07.828 to make sure is covered by insurance

 $00:21:07.828 \longrightarrow 00:21:10.500$  before we go to the operating room

00:21:10.940 --> 00:21:14.476 so that people don't have any surprise bills,

NOTE Confidence: 0.87493855

 $00{:}21{:}14.480 \dashrightarrow 00{:}21{:}16.248$  because that's certainly something

NOTE Confidence: 0.87493855

 $00:21:16.248 \longrightarrow 00:21:18.900$  that we want to avoid.

NOTE Confidence: 0.87493855

00:21:18.900 --> 00:21:21.378 The other technique that you had

NOTE Confidence: 0.87493855

 $00:21:21.378 \longrightarrow 00:21:23.496$  mentioned was that oncoplastics

NOTE Confidence: 0.87493855

 $00:21:23.496 \longrightarrow 00:21:25.842$  can also be used after mastectomy

NOTE Confidence: 0.87493855

 $00:21:25.842 \longrightarrow 00:21:28.180$  in terms of reconstruction.

NOTE Confidence: 0.87493855

 $00:21:28.180 \longrightarrow 00:21:32.158$  So tell us a little bit more about that.

NOTE Confidence: 0.86133903

00:21:32.960 --> 00:21:35.578 Well, the thought of

NOTE Confidence: 0.86133903

 $00:21:35.578 \longrightarrow 00:21:37.819$  on coplastics and mastectomy is that we

NOTE Confidence: 0.86133903

 $00{:}21{:}37.819 \dashrightarrow 00{:}21{:}39.913$  want to have options for reconstruction

NOTE Confidence: 0.86133903

 $00:21:39.913 \longrightarrow 00:21:42.506$  after that procedure and initial

NOTE Confidence: 0.86133903

 $00{:}21{:}42.506 \dashrightarrow 00{:}21{:}44.678$  reconstruction options included implant

NOTE Confidence: 0.86133903

 $00:21:44.678 \longrightarrow 00:21:47.252$  based reconstruction or tissue based

NOTE Confidence: 0.86133903

 $00:21:47.252 \longrightarrow 00:21:50.216$  reconstruction where we use the patients

 $00:21:50.216 \longrightarrow 00:21:52.941$  own tissue like from their abdominal

NOTE Confidence: 0.86133903

 $00:21:52.941 \longrightarrow 00:21:56.079$  wall to recreate a new breast.

NOTE Confidence: 0.86133903

 $00:21:56.080 \longrightarrow 00:21:58.030$  And so our techniques have developed

NOTE Confidence: 0.86133903

 $00:21:58.030 \longrightarrow 00:22:01.305$  both in terms of how we do our initial

NOTE Confidence: 0.86133903

 $00:22:01.305 \longrightarrow 00:22:03.210$  mastectomy and how those reconstructions

NOTE Confidence: 0.86133903

00:22:03.273 --> 00:22:05.205 are done to make sure that women

NOTE Confidence: 0.86133903

 $00{:}22{:}05.205 \dashrightarrow 00{:}22{:}06.830$  get the best possible outcome.

NOTE Confidence: 0.86133903

 $00:22:06.830 \longrightarrow 00:22:09.595$  One of the newer innovations in this

NOTE Confidence: 0.86133903

 $00{:}22{:}09.595 \dashrightarrow 00{:}22{:}12.009$  area is nipple sparing mastectomy,

NOTE Confidence: 0.86133903

00:22:12.010 --> 00:22:14.290 where instead of removing the skin

NOTE Confidence: 0.86133903

 $00{:}22{:}14.290 \dashrightarrow 00{:}22{:}16.562$  and the nipple areolar complex at

NOTE Confidence: 0.86133903

 $00:22:16.562 \longrightarrow 00:22:18.949$  the time that we do the mastectomy,

NOTE Confidence: 0.86133903

00:22:18.950 --> 00:22:21.140 we preserve the entire skin pocket,

NOTE Confidence: 0.86133903

 $00:22:21.140 \longrightarrow 00:22:23.288$  including the nipple.

NOTE Confidence: 0.86133903

00:22:23.290 --> 00:22:25.738 This technique developed in the early

NOTE Confidence: 0.86133903

 $00:22:25.738 \longrightarrow 00:22:29.130$  2000s and we really used it mostly for

 $00:22:29.130 \longrightarrow 00:22:31.240$  preventive surgeries and then started

NOTE Confidence: 0.86133903

 $00:22:31.240 \longrightarrow 00:22:34.389$  to use it for cancer patients who had

NOTE Confidence: 0.86133903

 $00:22:34.389 \longrightarrow 00:22:37.570$  small cancers that were not near the nipple

NOTE Confidence: 0.86133903

 $00:22:37.570 \longrightarrow 00:22:38.404$  areolar complex.

NOTE Confidence: 0.86133903

 $00:22:38.404 \longrightarrow 00:22:41.740$  We now will use these for many mastectomies

NOTE Confidence: 0.86133903

 $00:22:41.812 \longrightarrow 00:22:44.143$  about half of the mastectomies that I

NOTE Confidence: 0.86133903

 $00:22:44.143 \longrightarrow 00:22:46.597$  do when we do immediate reconstruction

NOTE Confidence: 0.86133903

 $00{:}22{:}46.597 {\:{\mbox{--}}\!>} 00{:}22{:}49.351$  are now nipple sparing because we

NOTE Confidence: 0.86133903

00:22:49.351 --> 00:22:51.478 have found that it's safe,

NOTE Confidence: 0.86133903

 $00:22:51.478 \longrightarrow 00:22:54.350$  we're able to very carefully remove the

NOTE Confidence: 0.86133903

 $00:22:54.350 \longrightarrow 00:22:56.226$  breast tissue all the way up into

NOTE Confidence: 0.86133903

00:22:56.226 --> 00:22:57.736 the nipple while preserving the

NOTE Confidence: 0.86133903

 $00{:}22{:}57.736 \dashrightarrow 00{:}22{:}59.346$  blood supply to the nipple

NOTE Confidence: 0.86133903

 $00:22:59.350 \longrightarrow 00:23:01.718$  to make this be a very effective way

NOTE Confidence: 0.86133903

 $00:23:01.718 \longrightarrow 00:23:04.305$  to perform mastectomy and to give the

 $00:23:04.305 \longrightarrow 00:23:06.230$  patient the best possible outcome.

NOTE Confidence: 0.86133903

 $00{:}23{:}06.230 {\: -->\:} 00{:}23{:}08.340$  With regards to the reconstruction,

NOTE Confidence: 0.86133903

 $00:23:08.340 \longrightarrow 00:23:11.700$  we now have better ways of placing implants.

NOTE Confidence: 0.86133903

 $00:23:11.700 \longrightarrow 00:23:14.563$  One example is placing the implant on

NOTE Confidence: 0.86133903

 $00:23:14.563 \longrightarrow 00:23:18.020$  top of the muscle of the chest wall,

NOTE Confidence: 0.86133903

 $00{:}23{:}18.020 \dashrightarrow 00{:}23{:}20.450$  as opposed to putting it behind

NOTE Confidence: 0.86133903

 $00:23:20.450 \longrightarrow 00:23:23.069$  the muscle on the chest wall.

NOTE Confidence: 0.86133903

 $00:23:23.070 \longrightarrow 00:23:26.220$  And new types of tissue reconstruction

NOTE Confidence: 0.86133903

 $00{:}23{:}26.220 \dashrightarrow 00{:}23{:}28.912$  that create tissue flaps to remake

NOTE Confidence: 0.86133903

00:23:28.912 --> 00:23:31.859 a breast that don't require us to mobilize

NOTE Confidence: 0.86133903

 $00{:}23{:}31.933 \dashrightarrow 00{:}23{:}34.565$  any muscle and the outcomes from those

NOTE Confidence: 0.86133903

 $00{:}23{:}34.565 \to 00{:}23{:}36.984$  are much better for patients.

NOTE Confidence: 0.86133903

 $00:23:36.984 \longrightarrow 00:23:39.124$  With less disability after surgery.

NOTE Confidence: 0.8827531

 $00:23:40.190 \longrightarrow 00:23:42.410$  So let's let's dig a little

NOTE Confidence: 0.8827531

 $00:23:42.410 \longrightarrow 00:23:43.890$  bit deeper into that.

NOTE Confidence: 0.8827531

 $00:23:43.890 \longrightarrow 00:23:46.218$  So are there patients for whom

00:23:46.218 --> 00:23:47.770 nipple mastectomy, nipple sparing

NOTE Confidence: 0.8827531

 $00:23:47.837 \longrightarrow 00:23:49.805$  mastectomy is not a good option?

NOTE Confidence: 0.8432703

00:23:50.410 --> 00:23:53.713 Yes, the extent of cancer really tells us

NOTE Confidence: 0.8432703

 $00:23:53.713 \longrightarrow 00:23:57.435$  if we are able to preserve the nipple or not.

NOTE Confidence: 0.8432703

 $00:23:57.440 \longrightarrow 00:24:00.400$  So anyone who has a very large tumor,

NOTE Confidence: 0.8432703

 $00:24:00.400 \longrightarrow 00:24:03.360$  a tumor that extends close to the nipple

NOTE Confidence: 0.8432703

 $00:24:03.360 \longrightarrow 00:24:06.136$  are olar complex, any tumor that pulls on the

NOTE Confidence: 0.8432703

 $00:24:06.136 \longrightarrow 00:24:08.976$  nipple and causes the nipple to be retracted

NOTE Confidence: 0.8432703

 $00{:}24{:}08.976 \dashrightarrow 00{:}24{:}11.499$  or is associated with nipple discharge,

NOTE Confidence: 0.8432703

 $00:24:11.500 \longrightarrow 00:24:13.915$  these are not patients who would

NOTE Confidence: 0.8432703

 $00{:}24{:}13.915 \dashrightarrow 00{:}24{:}16.310$  be a candidate for nipple sparing

NOTE Confidence: 0.8432703

 $00:24:16.310 \longrightarrow 00:24:17.830$  mastectomy. Certainly patients who

NOTE Confidence: 0.8432703

 $00{:}24{:}17.830 \dashrightarrow 00{:}24{:}20.657$  have a very aggressive form of cancer

NOTE Confidence: 0.8432703

 $00:24:20.657 \longrightarrow 00:24:22.577$  called inflammatory breast cancer,

NOTE Confidence: 0.8432703

 $00:24:22.580 \longrightarrow 00:24:25.023$  these patients would not be a candidate

00:24:25.023 --> 00:24:26.800 for nipple sparing mastectomy.

NOTE Confidence: 0.8432703

 $00:24:26.800 \longrightarrow 00:24:28.720$  The other group of patients

NOTE Confidence: 0.8432703

 $00:24:28.720 \longrightarrow 00:24:31.600$  we have to think about are patients who might

NOTE Confidence: 0.8432703

 $00:24:31.600 \longrightarrow 00:24:34.100$  require radiation therapy after mastectomy.

NOTE Confidence: 0.8432703

 $00:24:34.100 \longrightarrow 00:24:36.020$  These are patients who will

NOTE Confidence: 0.8432703

 $00:24:36.020 \longrightarrow 00:24:38.384$  have either very large tumors or

NOTE Confidence: 0.8432703

00:24:38.384 --> 00:24:40.239 who have positive lymph nodes,

NOTE Confidence: 0.8432703

 $00:24:40.240 \longrightarrow 00:24:42.935$  meaning that there is cancer that is

NOTE Confidence: 0.8432703

 $00{:}24{:}42.935 \dashrightarrow 00{:}24{:}45.896$  found in their axillary lymph nodes either

NOTE Confidence: 0.8432703

 $00:24:45.896 \longrightarrow 00:24:49.390$  before surgery or at the time of surgery.

NOTE Confidence: 0.8432703

 $00:24:49.390 \longrightarrow 00:24:51.862$  We know that those women will

NOTE Confidence: 0.8432703

 $00:24:51.862 \longrightarrow 00:24:53.510$  be offered radiation therapy.

NOTE Confidence: 0.8432703

 $00{:}24{:}53.510 \dashrightarrow 00{:}24{:}56.303$  And we often don't want to perform

NOTE Confidence: 0.8432703

 $00:24:56.303 \longrightarrow 00:24:58.050$  an immediate reconstruction and

NOTE Confidence: 0.8432703

 $00{:}24{:}58.050 \dashrightarrow 00{:}24{:}59.958$  then radiate that reconstruction.

NOTE Confidence: 0.8432703

 $00:24:59.960 \longrightarrow 00:25:02.784$  So it's a complex set of criteria for

 $00{:}25{:}02.784 \dashrightarrow 00{:}25{:}05.775$  those women who would be a candidate

NOTE Confidence: 0.8432703

 $00{:}25{:}05.775 \dashrightarrow 00{:}25{:}07.539$  for nipple sparing mast ectomy.

NOTE Confidence: 0.8432703

 $00{:}25{:}07.540 \dashrightarrow 00{:}25{:}10.347$  These are often women with early stage

NOTE Confidence: 0.8432703

 $00:25:10.347 \longrightarrow 00:25:13.114$  disease with tumors that are small and

NOTE Confidence: 0.8432703

 $00{:}25{:}13.114 \dashrightarrow 00{:}25{:}15.352$  not near the nipple areolar complex

NOTE Confidence: 0.8432703

 $00:25:15.428 \longrightarrow 00:25:18.284$  who will most likely not need radiation

NOTE Confidence: 0.8432703

 $00:25:18.284 \longrightarrow 00:25:19.908$  therapy after their mastectomy.

NOTE Confidence: 0.8432703

00:25:19.908 --> 00:25:22.296 Those are the best candidates for

NOTE Confidence: 0.8432703

 $00:25:22.296 \longrightarrow 00:25:23.092$  the operation.

NOTE Confidence: 0.86883634

 $00:25:23.820 \longrightarrow 00:25:25.404$  And what about

NOTE Confidence: 0.86883634

 $00:25:25.404 \longrightarrow 00:25:29.098$  the size of the breast as well?

NOTE Confidence: 0.86883634

 $00:25:29.100 \longrightarrow 00:25:31.700$  I mean when we were

NOTE Confidence: 0.86883634

 $00{:}25{:}31.700 \dashrightarrow 00{:}25{:}33.347$  talking about breast conserving

NOTE Confidence: 0.86883634

00:25:33.347 --> 00:25:36.125 surgery that for some patients they

NOTE Confidence: 0.86883634

00:25:36.125 --> 00:25:38.439 actually want a breast reduction.

 $00:25:38.440 \longrightarrow 00:25:40.876$  So in a patient who chooses

NOTE Confidence: 0.86883634

00:25:40.876 --> 00:25:42.500 to have a mastectomy,

NOTE Confidence: 0.86883634

 $00:25:42.500 \longrightarrow 00:25:46.145$  but wants the breast to be smaller or lifted,

NOTE Confidence: 0.86883634

 $00:25:46.150 \longrightarrow 00:25:47.774$  are those patients ideal

NOTE Confidence: 0.86883634

00:25:47.774 --> 00:25:49.398 candidates for nipple sparing,

NOTE Confidence: 0.86883634

 $00:25:49.400 \longrightarrow 00:25:51.638$  mastectomy or are there other techniques

NOTE Confidence: 0.86883634

 $00:25:51.638 \longrightarrow 00:25:54.269$  that you use in that population?

NOTE Confidence: 0.9094514

 $00:25:54.700 \longrightarrow 00:25:57.440$  That's a great question.

NOTE Confidence: 0.9094514

00:25:57.440 --> 00:25:59.045 The initial use of nipple

NOTE Confidence: 0.9094514

00:25:59.045 --> 00:26:00.650 sparing mastectomy was for women

NOTE Confidence: 0.9094514

 $00{:}26{:}00.715 \dashrightarrow 00{:}26{:}02.379$  with relatively small breasts,

NOTE Confidence: 0.9094514

00:26:02.380 --> 00:26:04.683 A-C Cup or smaller who didn't have

NOTE Confidence: 0.9094514

 $00:26:04.683 \longrightarrow 00:26:07.320$  a lot of droop to the breast.

NOTE Confidence: 0.9094514

 $00{:}26{:}07.320 \dashrightarrow 00{:}26{:}09.354$  So the nipple areolar complex was

NOTE Confidence: 0.9094514

 $00:26:09.354 \longrightarrow 00:26:12.269$  kind of in the middle of the breast.

NOTE Confidence: 0.9094514

 $00:26:12.270 \longrightarrow 00:26:14.490$  We know that the important component

 $00:26:14.490 \longrightarrow 00:26:16.646$  for healing from this surgery is

NOTE Confidence: 0.9094514

 $00{:}26{:}16.646 \dashrightarrow 00{:}26{:}18.788$  to make sure that there is good

NOTE Confidence: 0.9094514

 $00:26:18.788 \longrightarrow 00:26:21.010$  blood supply to the nipple areolar

NOTE Confidence: 0.9094514

 $00:26:21.010 \longrightarrow 00:26:22.860$  complex and that blood supply

NOTE Confidence: 0.9094514

 $00:26:22.860 \longrightarrow 00:26:25.324$  comes from the top of the breast,

NOTE Confidence: 0.9094514

 $00:26:25.330 \longrightarrow 00:26:27.864$  so the farther the nipple is away

NOTE Confidence: 0.9094514

 $00:26:27.870 \longrightarrow 00:26:30.766$  from the collarbone,

NOTE Confidence: 0.9094514

 $00:26:30.770 \longrightarrow 00:26:33.367$  we know the longer distance the blood

NOTE Confidence: 0.9094514

 $00:26:33.367 \longrightarrow 00:26:36.576$  has to move to get to the nipple,

NOTE Confidence: 0.9094514

 $00:26:36.580 \longrightarrow 00:26:38.650$  so the bigger the breast and

NOTE Confidence: 0.9094514

 $00:26:38.650 \longrightarrow 00:26:40.939$  the more droop to the breast,

NOTE Confidence: 0.9094514

 $00:26:40.940 \longrightarrow 00:26:43.706$  the more risky that procedure is.

NOTE Confidence: 0.9094514

 $00{:}26{:}43.710 \dashrightarrow 00{:}26{:}45.782$  And so there are things that can

NOTE Confidence: 0.9094514

 $00:26:45.782 \longrightarrow 00:26:47.989$  be done to help address that.

NOTE Confidence: 0.9094514

 $00:26:47.990 \longrightarrow 00:26:50.027$  For women who have large breasts or

00:26:50.027 --> 00:26:52.339 for women who have droop to their

NOTE Confidence: 0.9094514

 $00{:}26{:}52.339 \dashrightarrow 00{:}26{:}54.059$  breasts and that includes things

NOTE Confidence: 0.9094514

00:26:54.059 --> 00:26:56.206 like using a wise pattern incision,

NOTE Confidence: 0.9094514

 $00:26:56.210 \longrightarrow 00:26:58.198$  which is a incision that will often

NOTE Confidence: 0.9094514

 $00:26:58.198 \longrightarrow 00:27:00.314$  use for a breast reduction and

NOTE Confidence: 0.9094514

00:27:00.314 --> 00:27:02.702 then performing a free nipple graft

NOTE Confidence: 0.9094514

 $00:27:02.702 \longrightarrow 00:27:04.916$  taking the nipple and moving it back

NOTE Confidence: 0.9094514

 $00:27:04.916 \longrightarrow 00:27:07.792$  to a better spot that can be used

NOTE Confidence: 0.9094514

 $00{:}27{:}07.792 \longrightarrow 00{:}27{:}10.360$  in the setting of a mast ectomy.

NOTE Confidence: 0.9094514

 $00:27:10.360 \longrightarrow 00:27:12.547$  So there are a number of

NOTE Confidence: 0.9094514

 $00{:}27{:}12.547 \dashrightarrow 00{:}27{:}14.546$  other techniques that can be used to

NOTE Confidence: 0.9094514

00:27:14.546 --> 00:27:16.789 help reduce the size of the skin pocket.

NOTE Confidence: 0.9094514

 $00:27:16.790 \longrightarrow 00:27:18.524$  Make the breast smaller and move

NOTE Confidence: 0.9094514

 $00{:}27{:}18.524 \dashrightarrow 00{:}27{:}19.963$  the nipple areolar complex back

NOTE Confidence: 0.9094514

 $00:27:19.963 \longrightarrow 00:27:21.349$  to the center of the breast.

NOTE Confidence: 0.87586194

 $00:27:22.710 \longrightarrow 00:27:25.680$  So, that sounds like a number

 $00:27:25.680 \longrightarrow 00:27:28.654$  of tools in the toolbox to really help

NOTE Confidence: 0.87586194

 $00:27:28.654 \longrightarrow 00:27:31.363$  women to maintain the cosmetic

NOTE Confidence: 0.87586194

 $00:27:31.363 \longrightarrow 00:27:34.350$  look of the breast the way that they

NOTE Confidence: 0.87586194

 $00:27:34.350 \longrightarrow 00:27:37.518$  would like it to be either the way that

NOTE Confidence: 0.87586194

00:27:37.518 --> 00:27:40.150 it is now that they are happy with

NOTE Confidence: 0.87586194

 $00:27:40.150 \longrightarrow 00:27:43.148$  or even better than it is currently.

NOTE Confidence: 0.87586194

 $00:27:43.150 \longrightarrow 00:27:45.635$  But one question that people may

NOTE Confidence: 0.87586194

 $00:27:45.635 \longrightarrow 00:27:48.259$  ask is, if you save the nipple,

NOTE Confidence: 0.87586194

00:27:48.260 --> 00:27:49.908 will it still function?

NOTE Confidence: 0.87586194

 $00:27:49.908 \longrightarrow 00:27:52.380$  Or is it really

NOTE Confidence: 0.87586194

 $00:27:52.380 \longrightarrow 00:27:54.348$  more for cosmestics?

NOTE Confidence: 0.8757649

 $00{:}27{:}55.400 \dashrightarrow 00{:}27{:}57.932$  That's an excellent question

NOTE Confidence: 0.8757649

 $00:27:57.932 \longrightarrow 00:28:00.893$  because it's hard to describe to patients

NOTE Confidence: 0.8757649

00:28:00.893 --> 00:28:03.299 ahead of time what this operation

NOTE Confidence: 0.8757649

 $00:28:03.299 \longrightarrow 00:28:05.880$  is going to feel like afterwards,

 $00:28:05.880 \longrightarrow 00:28:09.080$  so the loss of sensation in the nipple

NOTE Confidence: 0.8757649

 $00{:}28{:}09.080 \dashrightarrow 00{:}28{:}11.679$  are olar complex is expected about 10

NOTE Confidence: 0.8757649

 $00:28:11.679 \longrightarrow 00:28:14.259$  based on the surgical technique used,

NOTE Confidence: 0.8757649

 $00:28:14.260 \longrightarrow 00:28:18.026$  about 10% of women 10 to 15% will have

NOTE Confidence: 0.8757649

 $00:28:18.026 \longrightarrow 00:28:20.952$  sensation in the nipple after the operation.

NOTE Confidence: 0.8757649

 $00:28:20.960 \longrightarrow 00:28:23.924$  Most women will not have sensation

NOTE Confidence: 0.8757649

 $00:28:23.924 \longrightarrow 00:28:25.406$  in the nipple.

NOTE Confidence: 0.8757649

 $00:28:25.410 \longrightarrow 00:28:27.366$  But the appearance of the breast

NOTE Confidence: 0.8757649

 $00:28:27.366 \longrightarrow 00:28:29.440$  is more like their own breast,

NOTE Confidence: 0.8757649

 $00:28:29.440 \longrightarrow 00:28:31.505$  and so that is often the

NOTE Confidence: 0.8757649

 $00{:}28{:}31.505 \dashrightarrow 00{:}28{:}33.469$  real benefit to this operation.

NOTE Confidence: 0.8757649

 $00:28:33.470 \longrightarrow 00:28:35.486$  It feels more like their breast,

NOTE Confidence: 0.8757649

 $00:28:35.490 \longrightarrow 00:28:37.398$  so even though they may not

NOTE Confidence: 0.8757649

 $00:28:37.398 \longrightarrow 00:28:39.190$  have sensation in the nipple,

NOTE Confidence: 0.8757649

 $00:28:39.190 \longrightarrow 00:28:41.200$  they have appreciation that the breast

NOTE Confidence: 0.8757649

 $00:28:41.200 \longrightarrow 00:28:42.548$  looks like their breast.

 $00:28:43.300 \longrightarrow 00:28:45.700$  Doctor Melanie Lynch is an assistant

NOTE Confidence: 0.88073176

00:28:45.700 --> 00:28:47.300 professor of surgical oncology

NOTE Confidence: 0.88073176

 $00{:}28{:}47.366 \longrightarrow 00{:}28{:}49.220$  at the Yale School of Medicine.

NOTE Confidence: 0.88073176

00:28:49.220 --> 00:28:50.704 If you have questions,

NOTE Confidence: 0.88073176

 $00{:}28{:}50.704 \dashrightarrow 00{:}28{:}52.188$  the address is canceranswers@yale.edu

NOTE Confidence: 0.88073176

 $00{:}28{:}52.188 \rightarrow 00{:}28{:}54.238$  and past editions of the program

NOTE Confidence: 0.88073176

 $00:28:54.238 \longrightarrow 00:28:56.110$  are available in audio and written

NOTE Confidence: 0.88073176

 $00{:}28{:}56.168 {\:\dashrightarrow\:} 00{:}28{:}57.728$  form at yale cancercenter.org.

NOTE Confidence: 0.88073176

00:28:57.730 --> 00:29:00.570 We hope you'll join us next week to

NOTE Confidence: 0.88073176

 $00{:}29{:}00.570 \dashrightarrow 00{:}29{:}03.340$  learn more about the fight against

NOTE Confidence: 0.88073176

 $00:29:03.340 \longrightarrow 00:29:06.304$  cancer here on Connecticut Public Radio.