

0:00:00 -> 0:00:02.49 Support for Yale Cancer Answers  
0:00:02.49 -> 0:00:04.98 comes from AstraZeneca, dedicated  
0:00:05.057 -> 0:00:07.432 to advancing options and providing  
0:00:07.432 -> 0:00:10.42 hope for people living with cancer.  
0:00:10.42 -> 0:00:13.96 More information at [astrazeneca-us.com](http://astrazeneca-us.com).  
0:00:13.96 -> 0:00:16.126 Welcome to Yale Cancer Answers with  
0:00:16.126 -> 0:00:18.5 your host doctor Anees Chagpar.  
0:00:18.5 -> 0:00:20.36 Yale Cancer Answers features the  
0:00:20.36 -> 0:00:22.651 latest information on cancer care by  
0:00:22.651 -> 0:00:24.119 welcoming oncologists and specialists  
0:00:24.119 -> 0:00:26.575 who are on the forefront of the  
0:00:26.575 -> 0:00:28.267 battle to fight cancer. This week  
0:00:28.27 -> 0:00:30.4 it's a patient perspective on cancer  
0:00:30.4 -> 0:00:32.213 treatment during the pandemic with  
0:00:32.213 -> 0:00:34.199 Christina Allen and Doctor Tara Sanft.  
0:00:34.2 -> 0:00:36.65 Christina is a cancer survivor and doctor  
0:00:36.65 -> 0:00:39.296 Sanft is an associate professor of  
0:00:39.296 -> 0:00:41.863 medicine and medical oncology at the  
0:00:41.863 -> 0:00:44.418 Yale School of Medicine where Doctor Chagpar  
0:00:44.418 -> 0:00:47.335 is a professor of surgical oncology.  
0:00:47.86 -> 0:00:49.92 Let's start with you  
0:00:49.92 -> 0:00:52.495 Christina, tell us a little  
0:00:52.5 -> 0:00:54.564 bit about your story.  
0:00:54.564 -> 0:00:58.408 Sure, thanks so I was 38 years old at  
0:00:58.408 -> 0:01:02.919 the time of my diagnosis and I have a  
0:01:02.919 -> 0:01:06.949 diagnosis of locally advanced breast cancer.  
0:01:06.95 -> 0:01:10.919 I was not experiencing any symptoms prior  
0:01:10.919 -> 0:01:14.906 to my diagnosis and like so many other  
0:01:14.906 -> 0:01:18.888 people I did not have a family history  
0:01:18.89 -> 0:01:20.838 of breast cancer either.  
0:01:20.838 -> 0:01:23.76 So the cancer was found after

0:01:23.855 -> 0:01:25.66 I felt a small lump,  
0:01:25.66 -> 0:01:29.26 which I initially thought was a bug bite.  
0:01:29.26 -> 0:01:31.52 It was over the summer,  
0:01:31.52 -> 0:01:35.416 this past July I had been swimming and  
0:01:35.416 -> 0:01:39.196 really thought not much of it until the  
0:01:39.196 -> 0:01:42.277 following morning when I woke up  
0:01:42.277 -> 0:01:45.687 and it was still there and felt almost  
0:01:45.687 -> 0:01:50.146 like a little pebble under the surface.  
0:01:50.15 -> 0:01:53.768 And at that point it was  
0:01:54.952 -> 0:01:56.528 a bit of a freeze moment, OK  
0:01:56.53 -> 0:01:58.678 do I do something about this?  
0:01:58.68 -> 0:02:01.86 What do I do?  
0:02:01.86 -> 0:02:05.948 So I reached out and was able to  
0:02:05.948 -> 0:02:10.51 see my OBGYN within a day or two.  
0:02:10.51 -> 0:02:13.534 At which point she had referred  
0:02:13.534 -> 0:02:15.55 me for further imaging,  
0:02:15.55 -> 0:02:19.574 and that's when I became connected to Smilow.  
0:02:19.58 -> 0:02:22.115 I think another important thing  
0:02:22.115 -> 0:02:25.231 to mention is that throughout  
0:02:25.231 -> 0:02:27.646 my treatment and my illness,  
0:02:27.65 -> 0:02:30.476 I have continued working and I  
0:02:30.476 -> 0:02:32.992 am a licensed clinical social  
0:02:32.992 -> 0:02:36.244 worker in healthcare and have been  
0:02:36.244 -> 0:02:38.899 working in hospital systems for a  
0:02:38.899 -> 0:02:41.244 little over 12 years now.  
0:02:43.53 -> 0:02:45.43 So Christina you were diagnosed,  
0:02:45.43 -> 0:02:47.734 I mean this really happened  
0:02:47.734 -> 0:02:50.35 this past July, July of 2020,  
0:02:50.35 -> 0:02:53.01 right in the middle of this pandemic.  
0:02:53.01 -> 0:02:55.656 Talk to us a little bit about,  
0:02:55.66 -> 0:02:59.062 you kind of mentioned this,

0:02:59.07 -> 0:03:02.472 Oh my gosh, what am I going to do moment,  
0:03:02.48 -> 0:03:05.49 I can only imagine that that was  
0:03:05.49 -> 0:03:07.766 even heightened with what am I  
0:03:07.766 -> 0:03:10.44 going to do in the midst of Covid?  
0:03:10.44 -> 0:03:12.33 Is my doctors office open?  
0:03:12.33 -> 0:03:14.706 Do I do a virtual visit?  
0:03:14.71 -> 0:03:16.939 Do I go into the office?  
0:03:16.94 -> 0:03:18.156 How does that work?  
0:03:18.156 -> 0:03:20.409 Tell us a little bit about that  
0:03:20.409 -> 0:03:21.837 thought process and whether  
0:03:21.837 -> 0:03:24.197 you ended up seeing  
0:03:24.197 -> 0:03:26.209 your doctor using telemedicine,  
0:03:26.21 -> 0:03:28.34 or whether you went into their  
0:03:28.34 -> 0:03:30.223 office and whether you had  
0:03:30.223 -> 0:03:31.779 any challenges with that.  
0:03:34.68 -> 0:03:37.44 That's a great question.  
0:03:37.44 -> 0:03:40.2 Almost right from the beginning,  
0:03:40.2 -> 0:03:46.77 covid sort of felt like this parallel  
0:03:46.77 -> 0:03:50.415 opponent in my treatment and in my  
0:03:50.415 -> 0:03:53.448 illness it was always a consideration,  
0:03:53.45 -> 0:03:56.355 always a factor in the decisions that  
0:03:56.355 -> 0:03:59.552 I was making and the decisions that  
0:03:59.552 -> 0:04:02.342 my treatment team has been making.  
0:04:02.35 -> 0:04:06.734 I knew that getting in for a clinical  
0:04:06.734 -> 0:04:10.24 breast exam was going to be the  
0:04:10.24 -> 0:04:13.75 next step after I felt that lump,  
0:04:13.75 -> 0:04:17.271 so I was pretty specific and persistent  
0:04:17.271 -> 0:04:21.113 with asking for an in person visit with  
0:04:21.113 -> 0:04:23.959 my OBGYN and I really love the flexibility  
0:04:23.959 -> 0:04:28.055 that has come out of covid and the  
0:04:28.055 -> 0:04:30.217 increased availability of telemedicine,

0:04:30.217 -> 0:04:33.511 but you know some things just  
0:04:33.511 -> 0:04:35.1 have to be done  
0:04:35.1 -> 0:04:38.054 in person and I knew that I  
0:04:38.054 -> 0:04:40.335 wouldn't feel comfortable at that  
0:04:40.335 -> 0:04:42.665 point using a telemedicine visit,  
0:04:42.67 -> 0:04:46.65 so I was able to get the in person visit  
0:04:46.755 -> 0:04:50.517 and then there was a bit of a struggle  
0:04:50.517 -> 0:04:54.525 and delay with trying to get imaging  
0:04:54.525 -> 0:04:57.262 going because my understanding is that  
0:04:57.262 -> 0:05:00.16 a lot of imaging centers had decreased  
0:05:00.237 -> 0:05:03.135 capacity or maybe even temporarily closed.  
0:05:03.14 -> 0:05:05.43 So I did have to  
0:05:05.43 -> 0:05:08.307 advocate for myself to get that imaging  
0:05:08.307 -> 0:05:12.21 done and to be very clear that this was not  
0:05:12.21 -> 0:05:15.348 routine screening, although that should not  
0:05:15.35 -> 0:05:17.009 be deferred either,  
0:05:17.009 -> 0:05:20.327 but rather that this imaging  
0:05:20.327 -> 0:05:23.709 was diagnostic and those days  
0:05:23.71 -> 0:05:28.584 I mean I can remember the seconds, minutes,  
0:05:28.584 -> 0:05:34.136 hours and days between visiting my OBGYN and  
0:05:34.14 -> 0:05:36.128 getting confirmation that yes,  
0:05:36.128 -> 0:05:37.619 this is cancer.  
0:05:37.62 -> 0:05:39.693 That was a really,  
0:05:39.693 -> 0:05:41.766 really difficult time.  
0:05:42.27 -> 0:05:46.77 Tara maybe I'll bring you in here,  
0:05:46.77 -> 0:05:49.355 you know, during the pandemic  
0:05:49.355 -> 0:05:53.243 talk a little bit about how as a  
0:05:53.243 -> 0:05:56.043 health care provider and as  
0:05:56.145 -> 0:05:59.27 a chief patient quality officer,  
0:05:59.27 -> 0:06:00.77 patient experience Officer,  
0:06:00.77 -> 0:06:04.27 things kind of shifted during the pandemic.

0:06:04.27 -> 0:06:07.75 What were the approaches in terms  
0:06:07.75 -> 0:06:11.84 of clinic visits in terms of imaging?  
0:06:11.84 -> 0:06:15.808 How did facilities shift and what  
0:06:15.808 -> 0:06:18.517 ramifications do you think that had?  
0:06:19.97 -> 0:06:22.12 Thanks Anees,  
0:06:22.12 -> 0:06:25.13 I feel like in recalling and listening  
0:06:25.13 -> 0:06:28.14 to Christina's story, it brings me back.  
0:06:28.14 -> 0:06:30.72 I'm also a breast cancer oncologist,  
0:06:30.72 -> 0:06:33.73 so I treat patients with breast cancer,  
0:06:33.73 -> 0:06:36.004 and I vividly remember the process  
0:06:36.004 -> 0:06:38.53 of going through a national shutdown  
0:06:38.53 -> 0:06:40.855 and talking to many institutions  
0:06:40.855 -> 0:06:43.19 on how they're handling it.  
0:06:43.19 -> 0:06:45.998 And then I remember the Yale  
0:06:45.998 -> 0:06:49.667 response and I have to say that  
0:06:49.67 -> 0:06:52.208 with the guidance of the CDC,  
0:06:52.21 -> 0:06:54.325 we did everything we could  
0:06:54.325 -> 0:06:56.44 to keep our patients safe.  
0:06:56.44 -> 0:06:58.128 It was very disorienting.  
0:06:58.128 -> 0:07:01.092 As a provider, I was in clinic,  
0:07:01.092 -> 0:07:04.05 2 1/2 days a week,  
0:07:04.05 -> 0:07:04.906 most weeks,  
0:07:04.906 -> 0:07:07.902 and then we went through a complete  
0:07:07.902 -> 0:07:10.147 shutdown where we really minimized  
0:07:10.147 -> 0:07:12.757 in person visits because of the  
0:07:12.841 -> 0:07:15.564 virus and really tried to focus on  
0:07:15.564 -> 0:07:17.588 the patients who were receiving  
0:07:17.588 -> 0:07:19.77 in person IV chemotherapy.  
0:07:19.77 -> 0:07:22.075 And so you know,  
0:07:22.075 -> 0:07:24.4 patients like Christina coming through,  
0:07:24.4 -> 0:07:26.716 we really stressed over what to

0:07:26.716 -> 0:07:28.871 do about patients with suspicious  
0:07:28.871 -> 0:07:31.551 findings or needing diagnostic imaging  
0:07:31.551 -> 0:07:34.63 that fortunately at Yale,  
0:07:34.63 -> 0:07:37.42 I think, that never stopped.  
0:07:37.42 -> 0:07:39.745 There were many routine imaging  
0:07:39.745 -> 0:07:41.14 that was deferred.  
0:07:42.068 -> 0:07:45.316 And we're still feeling the effects of that.  
0:07:45.32 -> 0:07:49.97 Yale is a system that I have to say I thought,  
0:07:49.97 -> 0:07:52.856 did a really wonderful job  
0:07:52.86 -> 0:07:53.997 especially in communicating,  
0:07:53.997 -> 0:07:56.65 because this was the first time for  
0:07:56.716 -> 0:07:58.66 any of us to go through a pandemic  
0:07:58.66 -> 0:08:00.471 and so really understanding the  
0:08:00.471 -> 0:08:02.997 protocols and how things are changing  
0:08:02.997 -> 0:08:05.18 everyday was paramount in our response,  
0:08:05.18 -> 0:08:07.852 and as a provider I felt very well  
0:08:07.852 -> 0:08:10.403 informed and I was able to convey  
0:08:10.403 -> 0:08:12.213 those messages to my patients.  
0:08:13.61 -> 0:08:15.83 So Christina ultimately, you  
0:08:15.83 -> 0:08:18.19 were able to advocate for yourself,  
0:08:18.19 -> 0:08:20.787 which I think is such a strong  
0:08:20.787 -> 0:08:22.779 message for patients at large,  
0:08:22.78 -> 0:08:25.828 whether there is a pandemic or no pandemic,  
0:08:25.83 -> 0:08:27.74 but particularly during these times,  
0:08:27.74 -> 0:08:29.888 to advocate for yourself to get  
0:08:29.888 -> 0:08:32.6 the in person visit with your OBGYN  
0:08:32.6 -> 0:08:34.615 to get the diagnostic imaging,  
0:08:34.62 -> 0:08:37.134 and it sounds like ultimately to  
0:08:37.134 -> 0:08:40.05 get the biopsy and the diagnosis.  
0:08:40.05 -> 0:08:42.18 And so then what happened?  
0:08:45.33 -> 0:08:48.24 After the diagnosis was confirmed,

0:08:48.24 -> 0:08:51.957 I was referred to a medical oncologist  
0:08:51.957 -> 0:08:55.219 and a breast cancer surgeon,  
0:08:55.22 -> 0:08:57.548 and then shortly afterwards,  
0:08:57.548 -> 0:08:59.294 my radiation oncologist,  
0:08:59.3 -> 0:09:03.199 so I started to have that treatment  
0:09:03.199 -> 0:09:06.781 team built up around me and  
0:09:06.781 -> 0:09:09.766 I have an awesome treatment team.  
0:09:09.77 -> 0:09:11.516 Doctor Tristen Park,  
0:09:11.516 -> 0:09:15.03 my breast cancer surgeon, Doctor Knowlton  
0:09:15.03 -> 0:09:17.98 my radiation oncologist and doctor  
0:09:17.98 -> 0:09:20.99 Kanowitz, my medical oncologist.  
0:09:20.99 -> 0:09:23.246 They've all been wonderful,  
0:09:23.246 -> 0:09:29.53 so it may sound a little strange, but  
0:09:29.53 -> 0:09:31.55 once the diagnosis was confirmed,  
0:09:31.55 -> 0:09:33.162 I had this team,  
0:09:33.162 -> 0:09:35.58 we started putting plans in place,  
0:09:35.58 -> 0:09:39.198 it was a little bit less of the unknown.  
0:09:39.2 -> 0:09:42.424 I'm somebody who likes to have a plan.  
0:09:42.43 -> 0:09:45.646 OK, this is what we're going to do.  
0:09:45.65 -> 0:09:48.866 This is how we're going to approach this.  
0:09:48.87 -> 0:09:51.754 These are the people you can contact  
0:09:51.754 -> 0:09:54.517 with questions or when you need help,  
0:09:54.52 -> 0:09:57.052 so getting that ball rolling felt  
0:09:57.052 -> 0:09:59.64 like a bit of a relief to me.  
0:10:03.03 -> 0:10:05.64 And were those visits that you  
0:10:05.64 -> 0:10:07.821 had with those providers in  
0:10:07.821 -> 0:10:10.53 person as well?  
0:10:10.53 -> 0:10:15.32 Some were and some weren't, and now I'm  
0:10:15.32 -> 0:10:18.14 recalling some things from earlier on,  
0:10:18.14 -> 0:10:21.9 I do recall that initially when I was  
0:10:21.9 -> 0:10:24.72 scheduled with my breast cancer surgeon,

0:10:24.72 -> 0:10:28.015 it was set up as a telemedicine  
0:10:28.015 -> 0:10:30.865 visit and I didn't quite understand  
0:10:30.865 -> 0:10:32.71 the rationale behind that,  
0:10:32.71 -> 0:10:35.06 and was sort of wondering,  
0:10:35.06 -> 0:10:38.388 is this best to meet her for  
0:10:38.388 -> 0:10:41.638 the first time over Tele Medicine  
0:10:41.64 -> 0:10:43.396 when she's somebody who is  
0:10:43.396 -> 0:10:47.412 going to be operating on me so I actually  
0:10:47.412 -> 0:10:49.998 reached out to Doctor Park directly  
0:10:49.998 -> 0:10:53.023 and asked her if she felt that that  
0:10:53.023 -> 0:10:55.95 was the best thing to do clinically to  
0:10:55.95 -> 0:10:59.309 meet for the first time over Tele Medicine,  
0:10:59.31 -> 0:11:02.775 or if she thought it would be more beneficial  
0:11:02.775 -> 0:11:05.726 to come into the office in person.  
0:11:05.73 -> 0:11:07.334 She was extremely responsive,  
0:11:07.334 -> 0:11:09.74 and gracious and said no,  
0:11:09.74 -> 0:11:11.82 I would prefer  
0:11:11.82 -> 0:11:14.28 to see you in person so  
0:11:14.28 -> 0:11:17.584 she switched the visit from Tele Medicine  
0:11:17.584 -> 0:11:21.197 to in person and I really appreciated  
0:11:21.197 -> 0:11:24.347 that flexibility and input from her  
0:11:24.439 -> 0:11:28.023 because this is not my area of expertise,  
0:11:28.03 -> 0:11:31.145 I don't know sometimes is  
0:11:31.145 -> 0:11:34.26 it better to see somebody  
0:11:34.26 -> 0:11:35.868 in person versus telemedicine.  
0:11:35.868 -> 0:11:37.878 The risks versus benefits there.  
0:11:37.88 -> 0:11:40.768 So I really had to depend a lot  
0:11:40.768 -> 0:11:43.817 on the team and let them tell  
0:11:43.817 -> 0:11:46.72 me what's the better way to go.  
0:11:46.72 -> 0:11:48.001 But for example,  
0:11:48.001 -> 0:11:50.99 my first meeting with Doctor Knowlton that

0:11:51.071 -> 0:11:53.585 was telemedicine and that was more  
0:11:53.585 -> 0:11:56.031 or less to establish a relationship  
0:11:56.031 -> 0:11:58.775 with her and for her to hear a  
0:11:58.78 -> 0:12:01.186 little bit more about my history,  
0:12:01.19 -> 0:12:02.862 knowing that the radiation  
0:12:02.862 -> 0:12:05.37 was going to be at the  
0:12:05.37 -> 0:12:07.962 tail end of my treatment  
0:12:11.137 -> 0:12:13.819 and that even allowed me to  
0:12:13.82 -> 0:12:15.47 work almost a full day  
0:12:15.47 -> 0:12:17.766 and just take  
0:12:17.766 -> 0:12:20.007 an hour out to go somewhere quiet  
0:12:20.007 -> 0:12:22.052 and private and do the telemedicine  
0:12:22.052 -> 0:12:24.677 visit and then get back to work.  
0:12:25.76 -> 0:12:27.9 So certainly, I mean,  
0:12:27.9 -> 0:12:31.02 it seems like the pandemic which  
0:12:31.02 -> 0:12:33.612 caused this versioning of Tele health  
0:12:33.612 -> 0:12:36.746 visits might actually have been a little  
0:12:36.746 -> 0:12:39.458 bit more convenient for some visits.  
0:12:43.74 -> 0:12:47.187 How did you kind of think about  
0:12:47.187 -> 0:12:50.159 which visit should be Tele medicine,  
0:12:50.16 -> 0:12:52.716 which visit should be in person.  
0:12:52.72 -> 0:12:55.849 And going forward, do you think that  
0:12:55.85 -> 0:12:58.496 Tele Medicine might play an increasing role,  
0:12:58.5 -> 0:13:00.008 particularly when you hear  
0:13:00.008 -> 0:13:01.139 stories like Christina's  
0:13:01.14 -> 0:13:03.03 where  
0:13:03.03 -> 0:13:06.432 you can work the whole day and just take  
0:13:06.432 -> 0:13:09.462 an hour off for the visit instead of  
0:13:09.462 -> 0:13:12.86 having to take half a day off,  
0:13:12.86 -> 0:13:13.62 find parking,  
0:13:13.62 -> 0:13:15.87 and go through the whole rigmarole

0:13:15.87 -> 0:13:18.53 for what might be the same visit.  
0:13:20.69 -> 0:13:22.826 Yeah, when the pandemic first started,  
0:13:22.83 -> 0:13:25.67 we often didn't have a choice.  
0:13:25.67 -> 0:13:27.782 Many of our visits were converted  
0:13:27.782 -> 0:13:30.213 to Tele medicine again in the hopes  
0:13:30.213 -> 0:13:31.813 that we weren't exposing patients  
0:13:31.813 -> 0:13:34.219 to a contagious virus in person.  
0:13:34.22 -> 0:13:36.628 So a lot of our new patient visits  
0:13:36.628 -> 0:13:39.4 where we would normally see them in the  
0:13:39.4 -> 0:13:42.286 office were done on Tele medicine in  
0:13:42.286 -> 0:13:44.895 retrospect some of that was good.  
0:13:44.895 -> 0:13:46.315 It was very disorienting.  
0:13:46.32 -> 0:13:48.348 You know, we're all learning new  
0:13:48.348 -> 0:13:50.589 ways to take care of patients,  
0:13:50.59 -> 0:13:53.39 and I think as time goes forward,  
0:13:53.39 -> 0:13:55.075 the most important thing will  
0:13:55.075 -> 0:13:56.423 be what Christina mentioned,  
0:13:56.43 -> 0:13:58.458 which is a shared decision.  
0:13:58.46 -> 0:14:00.145 Are you comfortable doing this  
0:14:00.145 -> 0:14:01.156 on Tele medicine?  
0:14:01.16 -> 0:14:03.504 Do you feel there is a good reason  
0:14:03.504 -> 0:14:06.228 to be seen and examined in person?  
0:14:06.23 -> 0:14:08.204 And I think providers are learning  
0:14:08.204 -> 0:14:10.246 the value of listening to those  
0:14:10.246 -> 0:14:11.582 patient preferences in order  
0:14:11.582 -> 0:14:13.33 to accommodate and honor  
0:14:13.33 -> 0:14:14.682 what is preferred and  
0:14:14.682 -> 0:14:15.696 probably what's necessary,  
0:14:15.7 -> 0:14:18.164 so patients know inside it's  
0:14:18.164 -> 0:14:21.285 OK to just do this one on video and  
0:14:21.285 -> 0:14:23.659 next time in person or they know

0:14:23.66 -> 0:14:25.372 I think I need an exam and we  
0:14:25.372 -> 0:14:27.324 need to really pay attention to  
0:14:27.324 -> 0:14:29.154 those preferences and honor that.  
0:14:29.49 -> 0:14:31.541 We're going to take a short  
0:14:31.541 -> 0:14:33.794 break for medical minute and then come  
0:14:33.794 -> 0:14:35.762 back to learn more about Christina's  
0:14:35.82 -> 0:14:37.926 experience with cancer and the Covid  
0:14:37.926 -> 0:14:39.986 vaccine right after this short break.  
0:14:39.986 -> 0:14:40.97 Please stay tuned.  
0:14:41.63 -> 0:14:44.19 Support for Yale Cancer Answers  
0:14:44.19 -> 0:14:47.242 comes from AstraZeneca, working to  
0:14:47.242 -> 0:14:50.084 eliminate cancer as a cause of death.  
0:14:50.09 -> 0:14:53.71 Learn more at [astrazeneca-us.com](http://astrazeneca-us.com).  
0:14:53.71 -> 0:14:56.496 This is a medical minute about Melanoma.  
0:14:56.5 -> 0:14:58.485 While Melanoma accounts for only  
0:14:58.485 -> 0:15:00.728 about 4% of skin cancer cases,  
0:15:00.728 -> 0:15:02.9 it causes the most skin cancer  
0:15:02.97 -> 0:15:04.85 deaths and when detected early  
0:15:04.85 -> 0:15:06.442 Melanoma is easily  
0:15:06.442 -> 0:15:08.432 treated and highly curable. Clinical  
0:15:08.44 -> 0:15:10.72 trials are currently underway to test  
0:15:10.72 -> 0:15:12.81 innovative new treatments for Melanoma.  
0:15:12.81 -> 0:15:15.33 The goal of the specialized programs  
0:15:15.33 -> 0:15:17.816 of research excellence in skin cancer  
0:15:17.816 -> 0:15:20.378 or SPORE grant is to better understand  
0:15:20.378 -> 0:15:23.566 the biology of skin cancer with a focus  
0:15:23.566 -> 0:15:26.094 on discovering targets that will lead  
0:15:26.094 -> 0:15:28.334 to improved diagnosis and treatment.  
0:15:28.34 -> 0:15:30.412 More information is available  
0:15:30.412 -> 0:15:31.448 at [yalecancercenter.org](http://yalecancercenter.org).  
0:15:31.45 -> 0:15:35.5 You're listening to Connecticut Public Radio.

0:15:35.5 -> 0:15:35.79 Welcome  
0:15:35.79 -> 0:15:37.26 back to Yale Cancer Answers.  
0:15:37.26 -> 0:15:39.731 This is Doctor Anees Chagpar and  
0:15:39.731 -> 0:15:41.658 I'm joined tonight by my guests  
0:15:41.66 -> 0:15:44.174 Christina Allen and Doctor Tara Sanft  
0:15:44.174 -> 0:15:46.446 and we're talking about Christina's  
0:15:46.446 -> 0:15:49.076 journey with cancer through Covid,  
0:15:49.08 -> 0:15:51.87 and ultimately to the Covid vaccine.  
0:15:51.87 -> 0:15:54.636 So Christina right before the break  
0:15:54.636 -> 0:15:57.973 you were telling us how you were  
0:15:57.973 -> 0:16:00.318 diagnosed right during the pandemic  
0:16:00.318 -> 0:16:03.566 and you ended up having some of  
0:16:03.566 -> 0:16:06.185 your visits virtually some of your  
0:16:06.185 -> 0:16:09.345 visits in person tell us a little bit  
0:16:09.345 -> 0:16:12.357 more about how the decision-making  
0:16:12.36 -> 0:16:15.818 went in terms of your treatment strategy.  
0:16:18.02 -> 0:16:20.835 Sure. At the beginning everything  
0:16:20.835 -> 0:16:25.272 was so overwhelming for me and I  
0:16:25.272 -> 0:16:28.314 really didn't realize just how many  
0:16:28.314 -> 0:16:31.313 decisions there are to make about  
0:16:31.313 -> 0:16:34.42 the treatment and about the strategy.  
0:16:34.42 -> 0:16:38.68 And then what the options are.  
0:16:38.68 -> 0:16:42.696 I did my best to educate myself and  
0:16:42.696 -> 0:16:47.741 then of course I have to heavily rely  
0:16:47.741 -> 0:16:51.613 on my treatment providers and really  
0:16:51.613 -> 0:16:55.747 deeply trust them because they are  
0:16:55.747 -> 0:17:00.33 the experts at treating breast cancer.  
0:17:00.33 -> 0:17:04.398 I was worried all throughout that  
0:17:04.398 -> 0:17:07.81 Covid would possibly delay or  
0:17:07.81 -> 0:17:10.73 defer parts of my treatment,  
0:17:10.73 -> 0:17:13.98 although that did not turn

0:17:13.98 -> 0:17:17.23 out to be the case,  
0:17:17.23 -> 0:17:20.48 so I was starting chemotherapy  
0:17:22.73 -> 0:17:26.39 about a month after we had  
0:17:26.39 -> 0:17:28.83 confirmed the cancer diagnosis,  
0:17:28.83 -> 0:17:33.438 I did make a decision to receive my  
0:17:33.438 -> 0:17:37.232 chemotherapy at one of the outpatient  
0:17:37.232 -> 0:17:41.024 clinics for Smilow in North Haven,  
0:17:41.03 -> 0:17:43.47 which was extremely convenient  
0:17:43.47 -> 0:17:47.13 for me, closer to my home,  
0:17:47.13 -> 0:17:51.48 and also much easier to park,  
0:17:51.48 -> 0:17:56.07 to get in and out of and also just less  
0:17:56.192 -> 0:18:01.136 congestion and traffic than Smilow proper.  
0:18:01.14 -> 0:18:03.424 So it was really,  
0:18:03.424 -> 0:18:06.85 really great to have that option  
0:18:06.971 -> 0:18:10.535 to use the North Haven location  
0:18:10.535 -> 0:18:13.83 for my chemotherapy visits.  
0:18:13.83 -> 0:18:16.254 And I felt very  
0:18:16.254 -> 0:18:19.284 safe there the entire time.  
0:18:22.63 -> 0:18:24.932 Tara, NOTE Confidence: 0.8432569  
0:18:24.932 -> 0:18:27.59 did you find that in your  
0:18:27.697 -> 0:18:30.737 management of breast cancer patients  
0:18:30.737 -> 0:18:34.31 that you may have switched  
0:18:34.31 -> 0:18:36.964 therapies or the sequencing of  
0:18:36.964 -> 0:18:40.15 therapies or the location of therapies  
0:18:40.15 -> 0:18:42.81 given considerations of the pandemic?  
0:18:44.33 -> 0:18:47.55 Yes, we did all of those things.  
0:18:47.55 -> 0:18:50.98 So fortunately we have a robust cancer network  
0:18:50.98 -> 0:18:53.989 here with locations all over the state.  
0:18:53.99 -> 0:18:56.29 And just as Christina got  
0:18:56.29 -> 0:18:58.59 her care in North Haven,  
0:18:58.59 -> 0:19:01.05 I frequently recommended my patients

0:19:01.05 -> 0:19:04.453 be treated close to home rather than  
0:19:04.453 -> 0:19:07.021 coming down to the main hospital  
0:19:07.021 -> 0:19:09.168 for some period of time.  
0:19:09.17 -> 0:19:11.582 And even during that time,  
0:19:11.582 -> 0:19:14.678 some listeners may remember that  
0:19:14.68 -> 0:19:17.606 the cancer care was temporarily moved outside  
0:19:17.606 -> 0:19:20.477 of Smilow Cancer Hospital for some time,  
0:19:20.48 -> 0:19:24.197 and so I even practiced at a location in  
0:19:24.2 -> 0:19:27.708 Guilford for awhile while we were again  
0:19:27.708 -> 0:19:31.11 minimizing people coming into the hospital.  
0:19:31.11 -> 0:19:34.886 We also made modifications to the timing of  
0:19:34.886 -> 0:19:38.356 some therapies and that was consensus driven,  
0:19:38.36 -> 0:19:42.329 so we really spent some time listening to our  
0:19:42.329 -> 0:19:45.599 leaders and colleagues across the nation.  
0:19:46.434 -> 0:19:48.936 And I remember logging into many webinars  
0:19:48.936 -> 0:19:51.185 where there were conversations about  
0:19:51.185 -> 0:19:54.307 how to best care for patients without  
0:19:54.382 -> 0:19:57.19 compromising their curative treatments,  
0:19:57.19 -> 0:20:00.748 but minimizing their risk of exposure.  
0:20:00.75 -> 0:20:03.198 And I think that we made the best  
0:20:03.198 -> 0:20:05.205 decisions we could make at the  
0:20:05.205 -> 0:20:06.865 time and it was collective.  
0:20:06.87 -> 0:20:08.79 Oncology tends to work really well  
0:20:08.79 -> 0:20:11.049 together for the good of the patients,  
0:20:11.05 -> 0:20:12.982 and I felt that coming through  
0:20:12.982 -> 0:20:13.948 during the pandemic.  
0:20:14.77 -> 0:20:17.884 Yeah, and so Christina you ended  
0:20:17.884 -> 0:20:19.96 up getting your chemotherapy  
0:20:20.047 -> 0:20:22.765 1st and then what happened?  
0:20:22.77 -> 0:20:25.27 How long after that did  
0:20:25.27 -> 0:20:27.27 you embark on surgery?

0:20:30.43 -> 0:20:34.952 I recall asking Doctor Park how soon  
0:20:34.952 -> 0:20:38.541 after chemotherapy can I have  
0:20:38.541 -> 0:20:41.625 my surgery and her response was  
0:20:41.63 -> 0:20:46.006 four weeks would be the minimum and I  
0:20:46.006 -> 0:20:50.7 think my surgery was like 4 weeks to  
0:20:50.7 -> 0:20:54.046 the day that I ended chemotherapy.  
0:20:54.046 -> 0:20:58.35 I was ready for the next step  
0:20:58.45 -> 0:21:02.038 so there really wasn't any disruption.  
0:21:02.04 -> 0:21:04.88 The planning went pretty smoothly.  
0:21:04.88 -> 0:21:08.3 I was extremely fortunate that I  
0:21:08.3 -> 0:21:11.829 did not experience any delays  
0:21:11.83 -> 0:21:13.039 in my chemotherapy,  
0:21:13.039 -> 0:21:15.86 I was able to have the treatments  
0:21:15.94 -> 0:21:16.93 as scheduled.  
0:21:16.93 -> 0:21:19.48 Of course, there were side effects,  
0:21:19.48 -> 0:21:20.755 but they didn't sideline me  
0:21:22.46 -> 0:21:25.034 so I finished as expected and  
0:21:25.034 -> 0:21:27.654 then exactly like 30 days later  
0:21:27.654 -> 0:21:29.679 I went in for surgery.  
0:21:31.05 -> 0:21:33.605 And so what was that experience like?  
0:21:33.61 -> 0:21:36.158 I mean you come into surgery.  
0:21:36.16 -> 0:21:38.715 Were you able to bring your family?  
0:21:38.72 -> 0:21:41.268 Did you have to wear a mask?  
0:21:45.28 -> 0:21:48.186 when you talked about Covid being like  
0:21:48.186 -> 0:21:50.728 this parallel line with your your cancer,  
0:21:50.73 -> 0:21:53.005 tell us how that kind of  
0:21:53.005 -> 0:21:54.72 influenced the surgical management.  
0:21:56.43 -> 0:22:00.046 Sure, so masks of course at  
0:22:00.05 -> 0:22:03.228 that point they were so commonplace,  
0:22:03.23 -> 0:22:05.984 and familiar that it's  
0:22:05.984 -> 0:22:08.663 just what what we do, right?

0:22:08.663 -> 0:22:12.287 What was a little trickier was figuring out  
0:22:12.29 -> 0:22:14.996 who can be with me?  
0:22:15 -> 0:22:19.077 Can my husband be with me if he can?  
0:22:19.08 -> 0:22:23.157 Can he stay? What does he need to do?  
0:22:23.16 -> 0:22:26.716 What do I bring to the hospital  
0:22:26.716 -> 0:22:30.06 with me if he can't stay?  
0:22:31.611 -> 0:22:34.713 So that was a little trickier than  
0:22:34.713 -> 0:22:38.588 even right up to the day that I  
0:22:38.588 -> 0:22:41.329 was being admitted for surgery it  
0:22:41.33 -> 0:22:44.144 still wasn't clear which portions  
0:22:44.144 -> 0:22:48.15 he was going to be able to be there for  
0:22:48.15 -> 0:22:51.859 and how long he might be able to stay for,  
0:22:51.86 -> 0:22:53.291 so I think you get  
0:22:53.291 -> 0:22:55.199 more comfortable,  
0:22:55.2 -> 0:22:57.864 sort of living in gray areas and with  
0:22:57.864 -> 0:23:00.029 the unknown when you have cancer,  
0:23:00.03 -> 0:23:02.16 so that was just another something  
0:23:02.16 -> 0:23:04.857 that we sort of had to roll with.  
0:23:06.93 -> 0:23:09.69 It was more of, this is the bag I'm going to take  
0:23:09.69 -> 0:23:11.76 if you can't come with me.  
0:23:11.76 -> 0:23:13.83 If you can come with me,  
0:23:13.83 -> 0:23:16.14 I have this bigger bag that you're  
0:23:16.14 -> 0:23:19.138 going to take in with you and then there  
0:23:19.138 -> 0:23:21.77 will be another backup plan if needed.  
0:23:21.77 -> 0:23:24.266 So just trying to be flexible.  
0:23:24.666 -> 0:23:27.438 But he was able to stay with  
0:23:27.438 -> 0:23:30.754 me right up until I went  
0:23:30.754 -> 0:23:33.179 over to the operating room.  
0:23:33.57 -> 0:23:36.244 Tara, you know we  
0:23:36.244 -> 0:23:38.219 talk about cancer so often,  
0:23:38.22 -> 0:23:41.076 we talk about having a support

0:23:41.076 -> 0:23:43.49 system and how important family is  
0:23:43.49 -> 0:23:45.932 and you know clearly the pandemic  
0:23:46.004 -> 0:23:48.699 kind of threw a wrench into familial  
0:23:48.699 -> 0:23:51.198 support where patients often  
0:23:51.198 -> 0:23:53.428 will have their entire families  
0:23:53.428 -> 0:23:56.415 with them at clinic visits or in  
0:23:56.415 -> 0:23:58.938 the hospital room or in the waiting  
0:23:58.938 -> 0:24:01.5 area for their surgeries and so on.  
0:24:01.5 -> 0:24:04.356 Tell us about how that that changed  
0:24:04.36 -> 0:24:06.916 with the pandemic and what adjustments,  
0:24:06.92 -> 0:24:10.336 if any, were made to compensate for that?  
0:24:12.07 -> 0:24:14.56 Yeah, thanks for bringing this up.  
0:24:14.56 -> 0:24:17.616 I think this is one of the most  
0:24:17.616 -> 0:24:20.232 painful changes that came with the  
0:24:20.232 -> 0:24:22.442 pandemic because of the risks,  
0:24:22.45 -> 0:24:24.52 the decision was made to  
0:24:24.52 -> 0:24:26.176 limit or restrict visitors.  
0:24:26.18 -> 0:24:27.84 And as you mentioned,  
0:24:27.84 -> 0:24:29.5 especially in cancer care,  
0:24:29.5 -> 0:24:32.776 those visitors, those loved ones are  
0:24:32.776 -> 0:24:36.558 so important to every step of the way.  
0:24:36.56 -> 0:24:39.087 And I think that that  
0:24:39.087 -> 0:24:41.04 decision was very difficult.  
0:24:41.04 -> 0:24:43.476 It was painful for everyone involved,  
0:24:43.48 -> 0:24:46.329 especially the patients and their loved ones.  
0:24:46.33 -> 0:24:48.801 You know, many efforts were made to  
0:24:48.801 -> 0:24:51.209 try to improve the communication.  
0:24:51.21 -> 0:24:53.25 Once a patient was hospitalized,  
0:24:53.25 -> 0:24:53.872 for instance,  
0:24:53.872 -> 0:24:56.36 we did a lot to try to ensure  
0:24:56.434 -> 0:24:58.854 communication with the family member

0:24:58.854 -> 0:25:01.79 through all different types of media,  
0:25:01.79 -> 0:25:05.37 including face timing on rounds,  
0:25:06.004 -> 0:25:08.223 lending iPads to each room and then  
0:25:08.223 -> 0:25:11.189 we even had a system where there were  
0:25:11.189 -> 0:25:13.887 volunteers who called with updates every day.  
0:25:13.89 -> 0:25:16.02 I'm not sure that we did  
0:25:16.02 -> 0:25:17.44 that for every patient.  
0:25:17.44 -> 0:25:19.24 I know there were many patients  
0:25:19.24 -> 0:25:20.956 who felt that the communication  
0:25:20.956 -> 0:25:22.768 could have been better.  
0:25:22.77 -> 0:25:25.209 And I think that we  
0:25:25.209 -> 0:25:27.705 need to look at our processes and  
0:25:27.705 -> 0:25:30.054 going forward figure out all the  
0:25:30.054 -> 0:25:32.154 different ways that patients prefer  
0:25:32.154 -> 0:25:34.976 to be communicated with and then try  
0:25:34.976 -> 0:25:38.82 to do everything we can to spend that time  
0:25:38.82 -> 0:25:39.99 doing that communication,  
0:25:40.77 -> 0:25:43.11 in addition to all of this,  
0:25:43.11 -> 0:25:45.24 we were avoiding going into  
0:25:45.24 -> 0:25:47.699 rooms for the risk of exposing the  
0:25:47.699 -> 0:25:50.499 patient and I know that was also  
0:25:50.499 -> 0:25:52.889 a very isolating experience for  
0:25:52.889 -> 0:25:55.2 patients hospitalized during that time.  
0:25:55.2 -> 0:25:57.54 So it's something that  
0:25:57.54 -> 0:25:58.338 in retrospect,  
0:25:58.338 -> 0:26:00.732 we will analyze and understand  
0:26:00.732 -> 0:26:02.609 how we can do better,  
0:26:02.61 -> 0:26:05.172 and we continue every day to try  
0:26:05.172 -> 0:26:07.262 to maximize the chances that  
0:26:07.262 -> 0:26:10.004 patients and their loved ones feel  
0:26:10.01 -> 0:26:12.218 informed and cared for and heard.

0:26:13.77 -> 0:26:16.178 And so then Christina,  
0:26:16.178 -> 0:26:19.79 you have your surgery and presumably  
0:26:19.901 -> 0:26:24.19 you get out of the hospital.  
0:26:24.19 -> 0:26:25.15 Then what happened?  
0:26:27.72 -> 0:26:31.535 So I was doing well enough that  
0:26:31.535 -> 0:26:35.85 I was able to leave the hospital  
0:26:35.85 -> 0:26:39.666 that evening and that was a  
0:26:39.802 -> 0:26:43.57 decision that was definitely  
0:26:43.57 -> 0:26:46.39 brought on by me and partially  
0:26:46.39 -> 0:26:49.267 because I wasn't able to have  
0:26:49.267 -> 0:26:51.979 family with me during that time.  
0:26:51.98 -> 0:26:55.772 I knew as long as my doctor felt  
0:26:55.772 -> 0:26:59.445 that it was safe for me to go,  
0:26:59.45 -> 0:27:03.185 I knew that it was going to be better  
0:27:03.185 -> 0:27:06.741 for my healing and recovery to be  
0:27:06.741 -> 0:27:10.19 around family and to be back home.  
0:27:10.19 -> 0:27:15.55 So I went in that morning and I was home  
0:27:15.55 -> 0:27:17.938 by like 8:00 PM that evening,  
0:27:17.94 -> 0:27:20.838 but my team, Doctor Park was  
0:27:20.838 -> 0:27:23.718 texting me that evening, the next day  
0:27:23.718 -> 0:27:26.886 checking in on me so I still felt  
0:27:26.886 -> 0:27:30.369 like I had a lot of support but had  
0:27:30.369 -> 0:27:33.582 the luxury of being back home where  
0:27:33.582 -> 0:27:37.748 I was going to get the best rest and  
0:27:37.748 -> 0:27:41.239 have the most help from family so  
0:27:41.24 -> 0:27:43.42 everything went pretty smoothly  
0:27:43.42 -> 0:27:45.6 once I got home.  
0:27:46.09 -> 0:27:49.072 Did you worry about potential covid  
0:27:49.072 -> 0:27:52.459 risk that your family could bring in?  
0:27:52.46 -> 0:27:54.91 That would affect you, particularly?  
0:27:54.91 -> 0:27:58.34 You know, not even after your surgery,

0:27:58.34 -> 0:28:02.33 but even during your chemotherapy.  
0:28:02.33 -> 0:28:04.035 Was that concerning for you  
0:28:04.035 -> 0:28:05.74 in living with your family,  
0:28:05.74 -> 0:28:07.676 who you know presumably  
0:28:07.676 -> 0:28:10.58 were out in the real world?  
0:28:10.58 -> 0:28:15.284 Potentially exposed to the virus and getting  
0:28:15.29 -> 0:28:19.518 infected yourself?  
0:28:19.52 -> 0:28:22.32 Yes, I live with my husband and he  
0:28:22.32 -> 0:28:25.57 had to make a lot of sacrifices.  
0:28:27.77 -> 0:28:31.382 And think very carefully about who he  
0:28:31.382 -> 0:28:35.096 was around and where did he absolutely  
0:28:35.096 -> 0:28:38.89 have to go versus maybe want to go?  
0:28:38.89 -> 0:28:42.25 And I really didn't see much other family,  
0:28:42.25 -> 0:28:44.255 especially prior to getting vaccinated  
0:28:44.255 -> 0:28:47.641 myself and I also didn't bring my husband  
0:28:47.641 -> 0:28:50.23 into my chemotherapy treatment, even at  
0:28:50.23 -> 0:28:53.17 times when it was better under control.  
0:28:53.17 -> 0:28:56.53 And they said I could bring one person,  
0:28:56.53 -> 0:28:59.442 and I was worried about what he could  
0:28:59.442 -> 0:29:01.683 potentially be bringing into other  
0:29:01.683 -> 0:29:04.088 people receiving treatment as well.  
0:29:04.09 -> 0:29:06.61 So yeah, that was a worry.  
0:29:06.61 -> 0:29:09.256 I mean, it's still a worry.  
0:29:09.26 -> 0:29:11.45 Now, even after being vaccinated,  
0:29:11.45 -> 0:29:12.758 but less so.  
0:29:14.23 -> 0:29:17.317 So in our last minute just tell us  
0:29:17.317 -> 0:29:20.284 about your decision to get  
0:29:20.284 -> 0:29:23.179 vaccinated, when you got vaccinated and  
0:29:23.18 -> 0:29:25.628 how that went.  
0:29:25.63 -> 0:29:27.802 I was extremely fortunate that I'm  
0:29:27.802 -> 0:29:30.1 working in a hospital environment.

0:29:30.1 -> 0:29:33.97 I work in an emergency room.  
0:29:33.97 -> 0:29:36.25 And my hospital did an amazing  
0:29:36.25 -> 0:29:38.49 job of rolling out the vaccine  
0:29:38.49 -> 0:29:42.189 to staff as soon as possible.  
0:29:42.19 -> 0:29:45.478 It was something I had been thinking about.  
0:29:45.48 -> 0:29:47.535 As soon as we started  
0:29:47.535 -> 0:29:49.179 hearing about a vaccine.  
0:29:49.18 -> 0:29:51.572 And of course I talked it over  
0:29:51.572 -> 0:29:53.868 with my medical oncologist before  
0:29:53.868 -> 0:29:56.573 moving forward with the vaccine.  
0:29:56.58 -> 0:29:58.368 But knowing the potential.  
0:29:58.964 -> 0:30:01.348 devastating effects of covid  
0:30:01.348 -> 0:30:03.7 and seeing what it did,  
0:30:03.7 -> 0:30:05.974 it really seemed like an easy  
0:30:05.974 -> 0:30:08.658 choice and the right choice for me.  
0:30:08.66 -> 0:30:09.43 Christina Allen  
0:30:09.43 -> 0:30:11.663 is a cancer survivor and Doctor Tara  
0:30:11.663 -> 0:30:13.527 Sanft is an associate professor  
0:30:13.527 -> 0:30:15.622 of medicine in medical oncology  
0:30:15.622 -> 0:30:18.209 at the Yale School of Medicine.  
0:30:18.21 -> 0:30:19.742 If you have questions,  
0:30:19.742 -> 0:30:21.274 the address is canceranswers@yale.edu  
0:30:21.274 -> 0:30:23.392 and past editions of the program  
0:30:23.392 -> 0:30:25.324 are available in audio and written  
0:30:25.387 -> 0:30:26.998 form at yalecancercenter.org.  
0:30:27 -> 0:30:30.06 We hope you'll join us next week to learn  
0:30:30.06 -> 0:30:32.778 more about the fight against cancer.  
0:30:32.78 -> 0:30:34.99 Here on Connecticut public radio.