Speaker 1 (00:00):

A diagnosis of breast cancer can cause a life changing ripple effect of impact affecting those. We love the most and those upon whom we lean for comfort and strength and the most challenging of times my name is Aisling Hurley. And I'm the CEO of Breast Cancer Ireland and you're listening to More Than A Lump, a podcast that talks openly and honestly, to a selection of guests about their very personal connections to breast cancer, be it through their career choice, their own firsthand experience of the disease, or through sharing the experience of close family members. My conversations will center on how breast cancer has informed their perspective on life, love, family health, their goals, and indeed their aspirations. Although each story is utterly unique. The one common thread that runs through each one is that breast cancer is more than a lump. This episode of more than a lump is proudly supported by good body, a leading financial services firm that has been serving and growing client relationships for nearly 150 years.

Breast Cancer Ireland is one of these strategic charity partners that Goodbody works with in an effort to provide educational resources and financial support. Soon after she completed a 10 K charity run, Olivia Carpenter's husband, Gavin gave her a big hug as he held her close. He felt a lump in her right breast. He became alarmed and suggested that she get it medically checked. There began a journey for a mom of three, a journey that brought her into contact with a host of medical professions and ultimately to us here in breast cancer, Ireland, where she has been an active ambassador and outreach coordinator, visiting schools, companies, and community groups throughout Ireland, sharing important messages about understanding good breast health in today's podcast. I focus on the early days of diagnosis in terms of the interactions with triage and assessment teams who ultimately reveal the diagnosis of breast cancer.

I'm also joined today by consultant radiologist, Dr. Deirdre Duke who will share her own reflections on how she prepares to tell women that they have breast cancer. As part of our series of women, minding women. I attempt to understand how Deirdre prepares herself to impart this life changing information to other women and their loved ones following their various scans and assessments in those early days. Deirdre also brings us an update on the fantastic new Breast Center, which recently opened by First Lady Sabina Higgins, and will explain exactly what this center will mean for the over 10,000 women who will be seen there annually and how getting this building opened was a true labor of love for her.

Olivia and Deirdre, uou're both very welcome to more than a lump podcast. Season two. I wanted to have you both in with us for season one, and I'm delighted that we finally have you now, both, both in studio today, I've worked with you both in different capacities now for several years, and I'm familiar with the day to day roles that you undertake. But I suppose what I'm keen to understand and share with our listeners today is what drives you both to do what you do. Deirdre, I'll start with you. What brought you to a career in radiology?

Speaker 2 (02:50):

Okay. So thank you very much for inviting me in here today. So I think first and foremost, most people don't actually realize that doctors work in the x-ray department. I would've trained in medicine. I actually did my undergraduate down in Galway and then I would've worked in hospital medicine and done various postgraduate exams, et cetera. And then I went into a subspecialty training in radiology. So just the same way that somebody else might decide to be a GP, somebody else might decide to be a

cardiologist, I decided I wanted to be a radiologist. So what's the radiologist do what essentially, if you go into the accidents and emergency and you have an twisted your ankle and you go in for an x-ray it's, the radiographer will take the pictures and the radiologist would look at it and decide, is there an issue or not?

And obviously there are various aspects to radiology, plain films that I described there, CTS MRIs that people would be familiar with. And then the area that I would work mostly in is in breast imaging and in breast imaging, the x-ray part is called mammogram. We also have ultrasound, we also do breast MRI and we can use all those machineries to biopsy lumps. So, the training, so after medicine postgraduate studies, which was for me was three years. I went into radiology, which was another four years. And then two further years in the subsection of breast imaging. So why did I pick breast imaging? Really? I think the biggest thing for me was that there was a huge interaction with patients. I meet patients every single day. So I'm not just sitting at a monitor saying your ankle is fractured or not.

I'm meeting mostly women, but also men, every single day who are coming with various different issues with their breasts, I'm meeting them, I'm looking at their mammograms. I do the ultrasounds and if necessary, I would go ahead then and do the biopsies as well. So I loved that interaction with people all the time. And it's a very exciting area of medicine., it is an area that has changed dramatically over the last 15, 20 years. And thankfully it's an area where we're actually curing most women. So all of those things are, you know, what really draws me to it and while it's a very emotional area of medicine, it's also a very satisfying one because I say we have lots of ladies, like Olivia here who have been through it, which is nice, but are out the other side.

Speaker 1 (05:43):

And I suppose oftentimes, you know, I speak to people and they say, well, you know, I'll wait until I'm in my fifties when I can go for the government breast check mammogram. And sure, look, I'll see how I am then. Whereas where constantly and Olivia will back this up later on, we're constantly talking about the importance of every woman, regardless of your age, being breast aware. we do know that younger women, obviously breast tissue is white, it's active and white shows up on, on a mammogram and cancer shows up white on white. So that is where your expertise is amazing because you can decipher, I suppose. And that's why we have a triple assessment system in place where people can be seen.

Speaker 2 (06:20):

So, so you touched on a very important point there and, um, yes, the most important thing is breast self-awareness. What we would say to every woman is that they should examine their own breasts once a month, not every day, not every week, just once a month after their period, because at that point, a lot of those hormonal changes have died down and, um, they will notice the change and if they get used to what's normal for them, they will be able to pick up the change. And sometimes I am, you know, amazed at what women pick up, like when they're used to their breasts, they come in with very tiny little lumps. And the most important thing to look for is a discrete lump that's probably the biggest indicator that there may be something wrong. Now I have to stress, not every lump is a cancer. Yeah. But every lump should be checked out and if they are aware, they will actually be, you know, they to say that's so, oh, I'm not gonna be able to do it, but actually they

Speaker 1 (07:28):

Can. Yeah. And I think Olivia you yourself, as you know, taking on the role of an education and outreach coordinator, when you're going to speak to all of these women and indeed some of the men, it's very

much about knowing what your normal is, know that baseline, so that if you spot an abnormality, you catch it early where, and it could be one of those eight signs and symptoms that we all talk about. But once you see that abnormality contact, your GP, you will be seen and your treatment outcome is a lot more positive.

Speaker 3 (07:53):

Absolutely.

Speaker 1 (07:54):

Yeah. And I suppose Olivia brings me on to you to understand, you know, back to those early days, when you were doing that 10 K run and you ran home and Gavin gave you that squeeze, what did you think?

Speaker 3 (08:06):

Um, firstly, thank you for having me. Um, I thought that, uh, I'm a bit of a blonde sometimes Ling. I actually taught that I left a tag in my clothing, cuz I'm known for it. I could be running into restaurant when the girls are gonna Olivia you tag clipping it off. So I actually thought I left a tag in my sports bra and that's what Gavin was feeling when he felt that lump. Um, I certainly did not think that I was going to find what we found. Um, you know, this really hard lump sticking out the right side on my nipple. That felt like a stone that just, I mean, I wasn't breast aware. I didn't know my eight signs and symptoms. Like I, I meet so many women as you know, and you know, like I always say to them, I always thought this disease was something an older person could get and certainly not something that would ever knock on my door.

So I was really, really shocked. Um, when I discovered that I had the lump, in fact I was very ignorant. I thought I might have pulled something while I was running my 10 K because I'm known to be very competitive. Um, my cousin had backed this up and um, I did that 10 K that day in less than an hour. And I was convinced it was because I pushed myself around that 10 K that I had pulled something. So, um, that's why, what I thought was why that lump appeared, you know?

And what, where or what did you do next? Okay. So it was very different for me. My dad had been diagnosed with stomach cancer two months before me. So my head was already in a tiz, if you like, uh, because a dad, dad had chemotherapy.

So I didn't rush to the doctor. I wasn't one to rush to the doctor. And we went out and Gavin happened to mention to my mom that I had a lump sticking out the right side of my nipple. Mum came into the kitchen and she felt the lump. And she said to me, Olivia, that doesn't feel right. She said, I've had cysts over the years and I've never had anything like that. She said, if you get an appointment, please ask, can you have a mammogram that does not feel right honey?

And I said, okay, mom, again, kind of fobbed her off, convinced in my head, I'd pulled a, I'd pulled something after this run. Anyway, as I always say to people, when I'm giving my talks - anyone who's an older sibling, they like to think they're a parent but in my case my sister is the hero of my story.

Her name is Darina and she is nine years older than me. Darina came in, running into the kitchen about this lump she'd heard. And all of a sudden everyone was going to the doctor and we were all getting it checked. And I said, Darina, I promise I'll make the appointment. I'll get there. So I kind of fobbed her off

as well because again, concentrating on dad was not thinking of myself. So I left it about four days where I eventually Gavin had said to me in the kitchen- that lump, did you go get it checked?

And I said, oh yeah, that lump. And I went, okay, I'll make an appointment. So I rang my GP. Her name is the amazing doctor, Nicola Boyle - I tell everyone about her down in Glenageary . And I went down to Nicky and she felt my lump. And I kind of knew by her eyes - they raised a little and she said, Olivia, I'm gonna send you to St Vincent's Hospital which she did. Um, I had a, an appointment pretty much next day. So went down to Vincent's where I met with, uh, in the breast clinic. I met with a GP and he fell to my lump. And he said to me a, feels like a fibro adenoma. And I said again, rabbit headlights, what's the fibro adenoma. He said a benign lump, a benign tumor. He said, look, Olivia, I have a colleague outside.

I'll get him to come in and have a look. He did that. He went out, he got the second doctor. He came in. He agreed with the first doctor that it felt like a fibroadenoma - a benign lump, a benign tumor at that stage. They were going outside. I had, I had been asked questions like, was I sick? Was I sore the normal questions? And I remember my mom saying to me, Olivia, when, if you do get an appointment, ask can you have a mammogram. So I had brought up to the first doctor, well, what about a mammogram? Can you pick it up in a mammogram? And he said to me, how old are you? And I said, I've just gone. 34. And the two of them at the same time, hand on heart said, I you're a bit too young yet for a mammogram. So I didn't push it.

They were going off outside to do whatever they were going to do. They were gonna bring me back with that. Unbeknownst to me, my sister, the hero of this story, Darina had phoned a friend of hers whose name was, and he was an amazing surgeon of Vincent's private hospital. His name was Enda McDermott and it appeared like an angel. He had his blue scrubs on. And if you can believe this Aisling he had a bright pink bandana on his head and you know, Breast Cancer Ireland. As I say to people, my pink car, I like an over 40 spin driving around in it. But anyway, he appeared and uh, lovely, lovely man. And he said, Olivia – I believe you have a lump sticking out the right side of your nipple. Would you mind awfully if I had a look at it, sorry.

At that stage, I'd high five Gavin thinking. I told you there was nothing wrong, but anyway, to end up appeared, anyway, Enda felt the lump and straight away. I said, Gavin and I are heading out to New York. I said, when are you gonna have the results? He said to me, look, I'll have them for you next Friday. He said, do me a favor, Olivia, try and put this outta your head. Anyone who's. As I say to the kids in schools, and I love the kids in ti, I, I say anyone who's ever waiting on any former result, it's easier said than done. So I spent the whole time in New York ringing the hospital, trying to get the results, which they don't give.

So anyway, Gavin and I came back, it was on the Friday. I'll never forget it. We had shipped the poor kids off to the in-laws because obviously with dad being sick, that's where they had to go. And I missed them terribly. I really, really did. So I ended up bringing them down to Vincent's with me. Megan was sitting outside and she was minding Adam and Lauren. The first time I met Enda he was in his scrubs. And as I said is pink bandana. But this time he was coming towards me in a suit and dapper Dan. He said to me, Olivia, you mind awfully following me, brought me into room and I'll never forget it. He put the folder on the table. The only thing I remember of that room, that size of this folder. And he said, Olivia, I'm really, really sorry. It's breast cancer. So I was diagnosed with HER2+ breast cancer. Aisling you can imagine my world there and then went upside down. Dad was diagnosed with cancer two months before me. And then I'm walking in to say, it's not you too Dad. I've got breast cancer.

Speaker 1 (14:33):

Yeah, it's just, it's horrendous. What age were the

Speaker 3 (14:36):

Children? They were only 8, 10 and 11.

Speaker 1 (14:41):

Oh, wow.

Speaker 3 (14:42):

Yeah, yeah, yeah, yeah. Very different. Eight, 10 and 11. And

Speaker 1 (14:45):

Deidre you are at the cold face, you know, you possibly know these women that come through the 10,000 or so that are seen on, on an annual basis. And off that maybe 350/400 have breast cancer, you probably are the one that sees this cancer ahead of the surgeon or the consultant speaking to the patient. Y

Speaker 2 (15:03):

So I think you mentioned a few very interesting things there. Um, so the first is that, you know, she was examined by some medics and they thought this was going to be okay. And in fairness, based on your age, you were only 34. That was a reasonable thing to assume but so in that scenario we would usually bring them down and do a scan. I think things have just changed a little bit since 2011 for the better.

I suppose the first thing to say that, you know, sometimes what we think might be okay, when we do the scan may not be and that sometimes somebody might present with a lump that we're all a little worried about, but actually it turns out to be okay. so again, just any lump we should check it out.

I just say we get a lot of ladies in, through our service and the majority of them are fine. Yeah. There is nothing wrong with them and, you know, I was just chatting with Olivia before we came in and I was explaining to her what we find so often is the ladies in the waiting rooms who are jumping up and down and giving out and wondering, what am I next are often the ones that are okay and it's often the lady in the corner that's quiet that has found a lump and probably deep down is a little worried mm-hmm but they're often the ones that turn out to have a problem. Yeah. But so when they come in generally, and it's, it's just a rule of thumb. Generally, if somebody is over 35, we will start with a mammogram first.

And usually if they're under 35, we'll start with an ultrasound. Now, the reason we do that is just because the mammogram is an x-ray test and we only use x-ray tests. If we know that it's going to benefit the patient. And in those younger women, it tends to be very difficult to see the cancers on mammogram, because they have their breast tissue is very tightly packed in together. So you have all this white stuff tightly packed in, and then you're trying to see something white in the middle of it. and that's one reason. The other reason is that, you know, the in younger women, it is less likely than what they have is a cancer. So you pointed this out that very correctly thought this is something that older women get because the reality is the longer we all live, the more likely we are to get any cancer.

kind of a terrifying thing to think of, but that's the reality. Some cancers are more common in older age groups. So to get back to somebody coming in, so what happens is I will say, well, just say for arguments sake, they've had a mammogram. So I would look at the mammogram and in some, you know, in a lot of the women who end up having cancer at that stage, I know they have cancer

I can see it. It's there. And, you know, so I bring them in and do the ultrasound. Okay. So you're probably gonna ask me, well, do I tell them?

Speaker 1 (18:27):

It was on the tip of my tongue.

Speaker 2 (18:29):

So just, you have to put yourself in that woman's situation. Right. So she has found a lump and she's here to figure out what it is. Right. And I need to get a certain amount of information about the lump that she's presented with. So I need to be able to tell the surgeon, does it look like a cancer? Where is it? What size is it? Are there one or multiple lumps? Is it in one breast or two breasts? Has it stayed within the breast or has it gone to the lymph nodes? So I need to get all that information for the surgeon. Now I'm not gonna be able to get that information if I'm not gonna be able to get her through the test. So for me, it's very much concentrating on getting this lady through the necessary test. Now you might say, well, that's really cruel. You know, that you're, but it, I have to get that information.

Speaker 1 (19:29):

Oh, you need all the facts.

Speaker 2 (19:30):

Because without that information, we can't say to her, this is what we're going to do because, and I'm sure you've heard this multiple times chatting to different medics and chatting to different patients. We're not dealing with one disease. Breast cancer is it's like opening a packet of Skittles. They're all Skittles, but they're all different colors and some of them like skittles taste differently, when it comes to breast cancer, they are treated very slightly differently.

Speaker 1 (20:03):

Yeah. And we've, we've, we've experienced that in talking to so many different people. So while Olivia's diagnosis was HER2 positive, you know, you have others who are HER2 positive, but their treatment plans are completely different. And we often hear somebody saying, oh, I had to have 12 weeks of chemo. And somebody else saying, well, I only needed six, so, oh, my yours must have been so much worse than mine. You know, whereas we now know, thankfully through research and through, you know, blood tests, et cetera, that the, you know, it's a very sophisticated process now where we give personalized treatment plans. Absolutely. It's not one, one system fits off all.

Speaker 2 (20:33):

Yeah. So I have to get all that information and I have to do, I have to take a sample of tissue from the person. So it's very much about building up a rapport with the lady and, and often the conversation could be about anything. Yeah. It could be about anything. Sometimes they might mention something. I

was away last week, I went to a concert last night and I might just chat about that. we have healthcare assistants that work with us. And again, they would take up the conversation and just literally, I suppose, distract the lady a little bit, because, you know, if you're going, if you're, if the conversation is going to be about, we think you have a cancer and we think you're gonna spend the next few months having chemotherapy and surgery and this, you know, that's hugely upsetting for them.

The other thing is that, uh, so we, we don't tell them directly we may, we probably will give them an indication of what's happening. I'm not gonna say to them, you're grand, don't worry about it. And yeah. You know, we'll give, gently bring them down that road, that something gather all the facts and let's have a look. Yeah. And the thing is that, you know, I'm obviously a woman myself, and you know, the thing, like I'm a woman who works So if I get a text from the school saying, oh, we've decided to SC close the school two hours early on Friday, I'm looking at it going, how am I gonna work this out? So, you know, I do find when I'm dealing with these ladies, I'm, you know, looking at them and they might start talking about their personal situation, how many kids they have, et cetera, you know?

So what's actually often gone on in my own head is I'm thinking, you know, this lady, she, this, she has to figure all this out. Absolutely. And sometimes they're like this going, oh, you have to do a biopsy. And I'm saying what's wrong. And they say, oh, I have to pick up a child at two o'clock. And I'm thinking, oh Lord, you know, she's gonna have to figure out who's gonna pick up that child. Yeah, yeah. Next Tuesday and the following Tuesday. Yeah. And the Tuesday after that, again, you know, but, so I suppose, just to get back to it, so we have to this information that we need to gather and it is gently bringing them through all those tests. And the other reason we don't tell them is that we need an actual diagnosis. And what I mean by that is we take a piece of tissue, we send it to the lab to be tested.

And that will tell us exactly the type of cancer it is. So once that information comes back, we sit down as a team and similar to this, we're all set around. And we say, so we'll say, if you don't mind me using yourself. So we'll say Olivia Carpenter, she's 34. She has presented with the lump in her right breast. And the surgeon will say, this is what I felt. And I will say, well, I did the mammogram and the ultrasound, and I found X. And, you know, based on that, my recommendation would be that she could have surgery or know it's of a certain size I'd recommend she has mastectomy. And the pathologist then will say, well, you know, without getting too medical about it, it's an invasive doctoral cancer and it is HER2 positive, or it's HER2 negative and all these things, it's like putting a jigsaw together. And then based on that, we say, okay, the best treatment for Olivia is this. Yeah. And then we move to the next lady so it is very much as you say, it's that personal and every single person is different.

Speaker 1 (24:33):

Yeah.

Speaker 2 (24:34):

Yeah. You know, so you can't just say

Speaker 1 (24:36):

No. Absolutely. And I think, you know, more so in the last 10 years that what I have experienced is that I suppose 10 or 12 years ago, when we spoke initially before, as breast cancer was setting up breast cancer, Ireland was setting up. It was, you know, you could put a hundred people in a hundred women in a room and give them all chemotherapy and it might work on 10%. Mm-hmm <affirmative>. So we now know that, you know, a lot of women may not require chemotherapy and more and more, less patients

are requiring chemotherapy because of the newer drugs, new, newer, targeted therapies that are coming out, which is excellent. So research is really advancing to that point. And as you said earlier, D you know, we are getting to that point where, you know, we are transforming that disease into a treatable, long term illness. We are getting certain through clinical trials, we're getting a cure for certain subtypes, and we'll hit we'll touch on that later on in a little bit. But I suppose, Olivia, for you coming back to you and three kids sitting outside waiting for you, how did you tell them, how did you like you, first of all, had to co comprehend and process the fact that you had been told you have breast cancer, having your dad at home with stomach cancer. Mm-hmm <affirmative> how did you then try to tell the children?

Speaker 3 (25:43):

Um, well, it was really hard. I will start with that. Um, I, I remember sitting there after being told that I was, I had Haiti or two positive breast cancer, and I remember in my head it was just cancer, cancer, cancer. And I remember feeling I was gonna fall off the chair and I wanted to get sick. That was the first, I, I know it just, that was the first thing that came to me. And then Gavin, beside me, who just is an amazing man, straight away, looked at Mave and said, okay, have you got a pen and paper? She's looking at me, I'm looking at Enda. And I'm wondering, why is he asking for a pen and paper mm-hmm <affirmative>, but Gavin is such a practical man that, you know, I needed him there because I didn't have the words, you know, to be able to converse and say, I was trying to process the fact that I had breast cancer, but then I was also thinking, no, we got it wrong before it was a fibro Anoma.

So, you know, my dad has cancer, I couldn't have cancer. And then, you know, to have to go home and try and sit down with the kids and tell them. But initially Gavin had to drop the children to my sister in Donnybrook, and Dorina had to mind them. And Gavin had to converse and tell her that privately. And then she had to process that while she was minding my children, he came back to Vincent. I was going off then to get my tests, you know, your bloods, your bones in the normal ones. And then I met up with Drina that afternoon and I was taking the kids and they were like, mommy, what was happening in the hospital? Why were we told we had to go home? Why couldn't we stay? And then we brought them home. And I remember saying to Gavin, I can't talk to them.

Mm-hmm <affirmative>, you know, there was no, there was nobody to say, this is how you talk to your children. And I really needed somebody to do that because I had three small children and one going into first year. So her hormones were all over the place. Like she was go, she was going 12, or, yeah, she was going 12. And it was really, really difficult, um, actually to try and find the words to sit down with your children. And, you know, you talk about the ripple effect, um, of a breast cancer diagnosis. It's not just on the patient. It's not just on the mom. It's, it's not just on your husband, it's on your children because you know, my eldest daughter really struggled with her mental health mm-hmm <affirmative> and has done since I had cancer. Um, so that part for me is really, really difficult.

Um, because she didn't, I didn't have the tools to converse with her about my treatment and what was going on with me, because I didn't know, from one day to the next, what was gonna happen with me. Um, and she was asking me questions, like, are you gonna live, mom? Are you gonna be here, mom? Because granddad's sick. So, you know, granddad's going around with this medicine attached to him, are you gonna have to do that? And it was really difficult, really, really difficult, so much so that today she's a young adult and she still battles that mental health part, you know, self-harmed and, you know, she just couldn't get the words out from me back then. And, and I didn't have the tools to converse with her, um, about breast cancer. So yeah, I could have done with a bit of help. I, I, I do feel that that, that is something that I would like to change. Do

Speaker 1 (28:47):

You know? Yeah, I do. I agree with you. I think as you, as, as a woman and you get that prognosis yourself, you're thinking cancer, okay. And everything is going through your head. Will I be around for Christmas? Will I be around for the birthday? Will I be around for, and then you all, all you have to then put mom suit on and try and converse and children mm-hmm about that who have huge amount of questions mm-hmm <affirmative> that they want. And because they're, you know, they're open then to social media, they're open to friends. And unfortunately with one in nine being a statistic in a lifetime, unfortunately everybody does know somebody who has, and somebody who has come through it, but others maybe who haven't been so fortunate. Yeah. And it's, you're trying to shield them to a point to say, I I'm going to be okay.

Mm-hmm <affirmative> my prognosis is I go through this treatment and I will be okay, mm-hmm <affirmative> there are occasions when others get prognosis that is more advanced mm-hmm <affirmative>, you know, so I do think it is a, it is a tough one to, to, to have to have that conversation with children. And I suppose, you know, we spoke about it on another episode where we talk about, you know, it's all dependent on relative to your own family circle and, and family way that you say things in a certain way, depending on, you know, the, the ages of your children and, and you as a unit, you know? Yeah. Um, but it is, it's something that does, I think, need to be addressed yeah. To give people that tool.

Speaker 2 (30:06):

Yeah, absolutely. And again, and we mentioned how things have progressed in the research side now, thankfully it's, we're not just looking at the science of breast cancer and things, thankfully, it'd be delighted to know, have improved a lot. You know? Um, now you mentioned the breast care nurse who met with you. Mm-hmm <affirmative> the breast care nurses themselves have advanced their role in their practice quite significantly over the years. And now they do have, um, programs and information for ladies specifically around talking to their kids about cancer. So that is, you know, like, so not only have we improved on the research side and the science of breast cancer, but thankfully we have improved on those aspects as well. Cause to be honest, they're actually just as important as the science a hundred percent because, and you probably will, will, um, agree with this for us, the lady's attitude to the cancer and to their treatment is absolutely massive.

Yeah. Because if they know that they can get through this and that they will get out the other side of it. And if they believe that, and that is our job to make them believe that they will do it. Mm-hmm <affirmative> whereas if they're constantly worried about it or that they feel, oh, I am going to die, or this isn't going to work, you know, it does actually impact make a huge difference. And so we have thankfully improved on that. The other thing that we offer is, um, there are, and your kids probably weren't able to get it, but there is a thing called decline program, which, um, basically is where they've taken the children of the ladies with cancer and do a program with them. And it's around understanding what their parents are going through and, uh, developing the tools to deal with it. Oh, wow. You

Speaker 1 (32:12):

Know, so, and is that that each breast center has this program, or is this a separate external program? That's run.

Speaker 2 (32:18):

So we'd say with us, it's run through the social work department. Okay. They are the ones who would do this and it would be the breast care nurses who would liaise with the social workers around that. Mm-hmm <affirmative> um, and they're hugely important. And particularly for teenage girls, for some reason, teenage girls are the ones that really need a lot of support. I think it's possibly, particularly if they're the eldest, I think they have this sense that, oh, mom's sick. So I have to take her role. Yeah. And there's that pressure of, oh, I have

Speaker 1 (32:53):

To the elder sibling

Speaker 2 (32:55):

And I have to look after these, whereas like, you certainly wouldn't have expected it and your husband wouldn't have, but they inwardly think that mm-hmm <affirmative>. So they are, we, we do find that the teenage girls are the ones that take it, you know, they've need a lot of help and a lot of work. And thankfully it has improved since, since your

Speaker 1 (33:14):

Dad, but I mean, and I know Olivia for you for all, all these years, but it has been, that has been the hardest part because I suppose your eldest was going into senior school. Senior school is big anyway for any child because you know, it's different in primary school. But once you get into senior school, you know, workload is different. Pals are different. Everything starts to open up and you are going through your own diagnosis and treatment. And they're trying to function absolutely. In this very strange space without you necessarily, even though you're there mm-hmm <affirmative>, but you're trying to deal with your own treatment course, you know, which is tough. Yeah. It's very tough. And I know I've spoken before about, um, incidences where, you know, we get contacted as breast cancer around and while we are, our REIT is very much about, you know, support for research and support of around education and awareness.

But people do come to us and say, you know, well, you know, my wife has been diagnosed or I don't know how to say it to my children. I'm, I'm not sure what to do. This could be the partner or husband or whomever. And what I have found is over the time and Emma Hannigan, Lord mercy on her, her dad stays in touch with us. And he was telling me about, um, um, a charity ne who's moved into him next door in bra who called purple house. So I Googled them and researched and I rang them. They were amazing. And I had one lady who has a stage four diagnosis, and she herself wasn't coping very well with the prognosis and didn't know how to say it to her children. And I rang them because she had tried O other avenues and had no look. And immediately, they said, tele Heron straightaway, we'll help her and we'll help the children. And because they have a program they're aimed at families and, you know, and the person themselves, which is amazing. Um, but it is, it is true. It is about that support that the tools to try and educate or trying to teach them and, um, speak to them in a certain way that they understand in a non-threatening non fearful way. You know, about that diagnosis.

Speaker 2 (35:02):

That's incredibly important for the lady yourself in that, you know, if you are worried about your three kids, when every mother worries anyway, but if you're, you know, if you can take some of that stress and worry away, you know, because they're coping better, it makes a massive difference.

Speaker 1 (35:20):

It really on how you on, on how the patient themselves gets through the treatment. As you say, if you can keep it as positive as possible. Mm-hmm, <affirmative>, um, it's interesting. And it's something dear to, um, recently, even in the last year, um, we were contacted by a gentleman, um, who was 51 keen runner, uh, came in on a Friday evening, had a shower, noticed something strange on his chest wall. Um, low and behold, long story short, he has had a mastectomy and had breast cancer. He said that he went to the GP after about day four, still noticing that this was there. GP was very, very dynamic and said, look, I think I'll just, you know, refer you into a breast clinic. Um, he went in, he said he was sitting there and this was just, uh, coming into COVID time. So things were very, um, much on lockdown.

So there was say a couple of women, he was the only man sitting there. And he said afterwards, when he came out, he said, they were probably looking at me thinking, how did he get in here? And our husbands have to stay inside of her. And he said, did they know that I was in there for another reason? Now? He said, at the time he didn't think he thought it was a cyst or blocked up. He didn't know what it was. Um, and he said that he thought it was candid camera when he was told that he was diagnosed with breast cancer, because he said, how in God's name could a man have breast cancer? And

Speaker 2 (36:35):

Actually speaking of support, it's those men find it very difficult. And, you know, I've had male patients say to me, you know, it's quite hard to go down to the local coffee shop or pub and say, so how's it going? Oh, I, I actually have breast cancer. You know, like, cuz the reaction they often get from other guys is, oh, okay. You

Speaker 1 (37:00):

Know, like how could you exactly. You know?

Speaker 2 (37:02):

So it is, it is quite tough

Speaker 1 (37:04):

For them. Yeah. Yeah. Because this gentleman was saying to me that he had his mammogram and again, I kind of did a tilted head going, how would you get, how do you, like I know with the breast, we can get the breast in and we have the clamp barn. And of course like as a man, you don't really have breast as such, you have a chest, but you don't. How do, so tell me how old do they do a male I

Speaker 2 (37:25):

Around same way. Really? They just, I suppose they're dealing with less tissue. Yeah. So again, all of these things have progressed and what I mean is, you know, the radiographers like our radiographers now are especially trained in mammography. This is their area of expertise. I always, you know, sometimes we have ladies coming in saying, oh I a mammogram before. And I didn't really like it. I said, you know, I can guarantee you, our girls will get you through it because they're just so brilliant at what they do. So yes, they can even image male patients.

Speaker 1 (37:57):

Absolutely. And he has subsequently gone on and had a mastectomy. And one of his key things is he says, when he does go down to the pub is he talks openly to his male friends and anyone that wants to listen to him to say, I did have breast cancer. So men, you need to be aware, you do have breast tissue in your, in your chest. So, you know, you do need to check yourself. You do need to know what's normal. If you spot that abnormality, you need to go get it checked. I said to him, Tom cruise had breast cancer and he was going really. So I said, you're up there with the best <laugh> you know, but it is interesting. But dear, dear, even now coming on, we touched on it briefly, just briefly earlier, the new breast center, um, at Beaumont hospital. I mean that is a phenomenal center with all the state of the art imaging equipment. I mean, you've gone from, you know, 2d, mammography up to like really high class 3d.

Speaker 2 (38:44):

Yeah. So the, the new breast center. So, you know, it's a three story building on the Beaumont campus. Hmm. And you know, we're actually, we're so proud of it. Um, so on the lower ground floor, we have our imaging areas. So, um, the, as I described it, the breast imaging section, so we have three mammography rooms. And as you mentioned there, each of those have these, what are called 3d to senses mm-hmm <affirmative> machines. So we touched jar on the fact that younger women have the, the breast tissues really tightly packed in together. So what, what are these machines? So rather than taking one picture, right? Um, instead the machine kind of gently swings across the breast and it produces a series of, for want of a better description slices through the breast mm-hmm <affirmative>. So if you can imagine it's the difference between taking, let's say a photograph and taking a short video clip where you're essentially the first picture is at the top of the breast.

The next one is it few millimeters below that right down through. So what that does is so, um, if you buy a cake, right, so you could buy a fruit cake and you look at the fruitcake and you say, okay, in there it looks like it has some cherries and maybe a little bit of mixed peel and a few reasons. Right. But when you actually take the cake and slice it, you then really see what's on the inside mm-hmm <affirmative> and you get a better idea of how much of each thing there are. Mm. Right. So you mentioned before that your mom had CYS

Speaker 1 (40:30):

That's right. Yeah.

Speaker 2 (40:31):

Right. So CYS are these bowls of fluid in the breast. They're nothing to worry about, but unfortunately women can have a cancer and have CS mm-hmm <affirmative>. So we could have a breast that's packed with all these CYS and somewhere in the middle, there's a little cancer. So this machine allows us to not physically, but using imaging to slice through the breast. So we can look through them, slice by slice and say, there's this small, little,

Speaker 1 (41:00):

So much more accurate,

Speaker 2 (41:02):

Much more accurate, um, much better detail, much better detail of size of the lesion. You know, cuz sometimes we could say, oh yeah, there is something there, but we're not really sure what the size is.

Um, or maybe the lady has come in feeling something up here, but this will give us a better idea of maybe another little lesion in the same breast. Mm-hmm <affirmative> so much more accurate, much better for the younger women where I work is the symptomatic unit mm-hmm <affirmative>. So it's all women who find a problem and come in mm-hmm <affirmative>. So we tend to be dealing a lot with women between the ages of 30 and 50 would be our biggest number. So they tend to have this dense breast tissue. So we have three of those rooms and we have two dedicated ultrasound rooms. And I mentioned before that we can use this machinery to guide the needle mm-hmm <affirmative> so if we can see it on ultrasound, we do the biopsy, use an ultrasound, you know, if we can only see it on the mammogram, we use the mammogram machine.

So in this unit, then on the next floor, we have eight consulting rooms for the surgeons mm-hmm <affirmative> and in it we have a dedicated, um, counseling room. Mm-hmm <affirmative> you mentioned that you were led down the corridor by end of McDermot mm-hmm <affirmative> um, to this room mm-hmm <affirmative> and um, it it's beautiful room and has been as, as you know, has been beautifully decorated. And then on the top floor, um, we have offices for our clinical nurse specialists who are an incredibly important part of the team, um, our clerical backup. And then we have our clinical trials unit mm-hmm <affirmative> um, because we are constantly trying to improve and actually, you know, listen to your story. Um, from a few years ago, you know, it makes me realize we have actually made progress,

Speaker 1 (42:59):

Huge progress.

Speaker 2 (43:01):

It's fantastic across all aspects of it, you know? So the radiology is improving. Um, the treatments are improving. The surgery is improving. Um, as you mentioned there that we're doing given less chemo as, and were only given it to those who actually

Speaker 1 (43:18):

Really need it

Speaker 2 (43:19):

Uhhuh, but in the same way, we're trying, the surgeons are trying to do less surgery. And what I mean by that is, um, you mentioned that you had treatment first, isn't that correct? Chemo first?

Speaker 1 (43:32):

Um, I'd chemotherapy first. Yes,

Speaker 2 (43:34):

Yes, yes. So that was to reduce the size of the tumor so that they just needed to remove the area and um, and you know, all these things are to try and, um, you know, make things

Speaker 1 (43:47):

Minimize,

Speaker 2 (43:47):

Minimize. Yeah. And the other thing then that has come on and they actually, um, see their patients in the clinic as well are the plastic surgeons. Mm-hmm <affirmative> because, and again, just to stress, the majority of our women do fine and get better and go on to live normal lives. So it's very important that they look the way they want to. Oh, absolutely. So the plastic surgeon and reconstructive surgery is an area that has increased dramatically, um, because it's all about surviving with, um, a good outcome, isn't it? Absolutely.

Speaker 1 (44:24):

Absolutely. And even on touching on the, on the breast center that was opened earlier in, uh, the summer months in June, um, on the top floor, in that clinical trials area, we had, there's a new trial that has, that has, that began over the summer, which is, uh, her two positive trial, um, called the Shamrock trial. And that is looking at a fourth generation drug been administered along with chemotherapy initially, but then deescalating that need for chemotherapy. So less of that toxic toxicity mm-hmm <affirmative> um, and they are really aiming for a hundred percent response rate, which means, you know, tick box cure for that particular form of breast cancer. You know, as professor hill would always say, you know, if pre pre COVID now, you know, everybody worked together globally and we all of a sudden got vaccinations for COVID. If we could only get to that point that we could get vaccinations or some forms of treatment for the different subtypes of breast cancer. But there are a lot, as Jude said, it's like the bag of Skittles, you know? Absolutely. There are lots and lots of, of subtypes.

Speaker 2 (45:23):

Yeah. And just, you mentioned there. And so, um, with a lot of these clinical trials and, and for a lot of patients now they are getting their chemotherapy up first up front. So what happens then is we take that lady and we do an MRI scan on them. So we're looking at how the lump looks on the MRI scanner and then they get their treatment and we bring them back at the end of treatment and again, scan them on the MRI. And, um, it's quite amazing to watch because often it's completely gone, gone. Wow. You know, it's just incredible too. And you know, it's, um, must be so great for the ladies to feel it reducing inside. Yeah. You know, that, that has to be quite reassuring. Not saying that it's not a walk in the park to go through chemotherapy, but at least, you know, that it, that it's working mm-hmm <affirmative> um, but you know, so, um, to get, you know, so I suppose just in, in the radiology then we're involved in say the initial diagnosis. So all that information for the surgeon mm-hmm <affirmative> I have to get all that, then the information on how their treatment is going. And then the other aspect that we will be involved in is, um, using other types of scanners to see, you know, for a only a small subtype of, uh, our small subgroup of women to see if it has spread elsewhere. Yeah. So things like CT scans and bone scans. Hmm. Um, so that's all within the, the

Speaker 1 (46:57):

Radiology within your arena therapy. <laugh> absolutely. And I suppose then just touching again, Olivia on your role as the, as an education and outreach, um, you, I know from you over the years, love being out there because you felt that you didn't know the signs and symptoms, you weren't breast aware. No. And your whole thing was, can I just get out there and get as many young women and, and women of all ages just to be more breast aware, knowing what the base is. Absolutely. So that if that abnormality arises, you know, they'll be, they, they, there will be a lot more positive. Um, I mean you have some

fascinating stories of, you know, even being in schools where you've given the shower card out, having done the demonstration.

Speaker 3 (47:40):

Yeah. I've chased lollipop ladies down the road in my pink car with those shower cards. And that's the truth. Um, no. Yeah. I mean, I just love the job. I love the role that I have. I love meeting the children and you know, like you always tell me they're ambassadors are young ambassadors and you know, they go home and they ask their mom. I always say to them, when you go home, I know sometimes you don't wanna sit around the dinner table, but do me a favor, ask your mom what are eight signs and symptoms of breast cancer are I guarantee you she's like me. She probably only knows one. And as you know, we've had a few people come forward. One in particular, a school came forward where one young lady went home, gave the share card. Her mom actually asked for the share card.

The mom did the test in the shower and the mom found a lump and she'd early staged the breast cancer. So when I got that email last summer, as you know, I, I forwarded on, I was just blown away. I was delighted mm-hmm <affirmative> because I am very passionate about it. And I wish I had the knowledge at the time when I was diagnosed. I wish I asked the questions and I really, really cannot stress enough that it is so important for young women and men, as I say to the last, when I see them in, in my talks as well, it's so important that you have good breast health, know your own normal as you get older because our bodies are changing all of the time. And it's so, so important that we're all breast to wear. So I'm very passionate about my role as outreach coordinator.

Speaker 1 (48:57):

<laugh> yeah. And you, and, and all the others. I mean, we have six coordinators who span the entire country, and this is a free service available to, you know, women in whether they're students in school, teachers, companies, community groups, sporting groups, you know, it's available, you just have to contact. And if you contact breast cancer Ireland, uh, we put you in touch with the relevant coordinators. Yeah. So Olivia and Deirdre, thank you so much for joining us today. I think, you know, our listeners will be well informed, uh, will have a much better understanding of the whole radiology process as well as, uh, you, Olivia on your journey and you as an education outreach coordinator. Thank, thank you so much.

Speaker 3 (49:33):

Thank you.