Speaker 1 ([00:05](https://www.rev.com/transcript-editor/shared/pRe2LHwNdMwIlyN8OLbtt6_6L56R4gx3bx8C1yFbxNfiuUWtoSiCBORYSM2Aywfz14f-Z4WuL1bkADhQjTQZ3vl1O9k?loadFrom=DocumentDeeplink&ts=5.13)):

The 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 in the most challenging of times. My name is Ash Ashley Hurley, and I'm CEO O of Breast Cancer, Ireland. And you are 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, the goals and aspirations. Although each story is utterly unique, the one common thread that runs through each one is that breast cancer is more than a

Speaker 2 ([00:46](https://www.rev.com/transcript-editor/shared/2llaWavLolduMLVY5nVwDXxbKKwlPY1BmnGju9kfG5VlikTQLBU5D_W4QA-yvwGDWmUjeiMmz4u7x9MYWQn5lqtFrgM?loadFrom=DocumentDeeplink&ts=46.5)):

Lump.

Speaker 1 ([00:47](https://www.rev.com/transcript-editor/shared/SHUBaJi6BBh3fsexaoprCIvJ5C0T_FEc_D6L32OCXT1XCLnORd7ZfngtXTXc4AsSRarr_7tV99Y3l07cWzUCjJOLxz8?loadFrom=DocumentDeeplink&ts=47.37)):

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Speaker 2 ([01:08](https://www.rev.com/transcript-editor/shared/WObmv0QB68M4ijEBbrp4kHS1C4zgOAp7ncN-T9IVHQlKtP8ow-a443-IFOJBPjpSlB3IGGU-eIp_oz89YP6SXJErkWc?loadFrom=DocumentDeeplink&ts=68.85)):

When

Speaker 1 ([01:09](https://www.rev.com/transcript-editor/shared/7Kz1LESgioS3g_n2P8loPNVDbzcKP5_zaZjDTEm9I9lKaVB2PlE0OljW57neMIepA5HUpq1-AVe-PDSCNV499NeuIW4?loadFrom=DocumentDeeplink&ts=69)):

We were considering titles for our podcast last year, the phrase more than a lump captured the notion that not only can the signs and symptoms of breast cancer be more than a lump, but so too are the impacts of a diagnosis on those around us. However, when it comes to a certain subtype of breast cancer, the disease may not manifest as a lump at all. In fact, in the case of invasive lobular breast cancer, you're more likely to have a thickening area of breast tissue. In today's episode, we focus on this type and speak to Chevon Freely, who was diagnosed with stage three lobular breast cancer in 2015. Following extensive treatment and surgery, she became interested in patient advocacy. She set up Ireland's first breast density patient advocacy group, www.bing dense.com. Shaman, you're very welcome to more than a Lump.

Speaker 3 ([01:53](https://www.rev.com/transcript-editor/shared/F1reTg4yxc92qpXI7cbRGaMifJ6BO67XrMcEnvXx7Ae-yYPiK93UgMATdUtsssmIfyHuEIfOuHl1bKIuV_kCp4ChnxI?loadFrom=DocumentDeeplink&ts=113.91)):

Good morning, Ashley, and it's just amazing to be here. I'm delighted. Thanks very much for having me.

Speaker 1 ([01:59](https://www.rev.com/transcript-editor/shared/aIbO_qILCuFnZaPtWual8_p7rALA2NIRQDGyHHqGVhpr2fTUNCREXSEEzz4dPNYPWCef5CqiBggmbzDL8Er0X9DTFL4?loadFrom=DocumentDeeplink&ts=119.73)):

So, I suppose taking us through, um, first and foremost for our listeners, tell us a little bit about 2015 when you were initially diagnosed.

Speaker 3 ([02:08](https://www.rev.com/transcript-editor/shared/Ha--k_wEkz7czWDedrubBoD-vjsw8IOijcmHlKGSavZqYpUEz_h5KbqjHCRvvKCyy8FW0f7tQPvCRdZborMFHyxhQpo?loadFrom=DocumentDeeplink&ts=128.52)):

Yeah. Okay. So, um, 2015 it began, uh, with, um, my husband, well, it didn't begin, but my husband was diagnosed with prostate cancer. Mm-hmm. <affirmative> in, uh, March of 2015. Mm-hmm. <affirmative>. So 2015 was a particularly difficult year <laugh>. Um, and, and I suppose like a lot of, um, families where cancer comes in, um, you know, you, you deal with it, you get on with it. We had, um, two, we have two sons. Uh, they're adults. So that made it a little bit easier that I didn't have small children or, you know, we weren't looking after a young family, but Paul's diagnosis meant that, um, he was, he was, he was diagnosed early. Anyway, we, we spent the summer. I, I, I was, um, involved in a lot of activities. I've always been somebody who, who, who kept herself really busy. Um, I started a, a new job, uh, in a new post anyway, in, uh, September.

Speaker 3 ([03:11](https://www.rev.com/transcript-editor/shared/ahNdisr4-EqrbO8nK6NdEiCOV1j-joiXguVZHMmOTHRCYs1qat9kakVrVGIzDcxMpGJtObPp-7LYsTX9q1oudGE2IoQ?loadFrom=DocumentDeeplink&ts=191.56)):

And by the time we got to, I suppose October Paul was finished, his, his treatment, um, we went on a family holiday. I was absolutely exhausted. And looking back, I had been exhausted, you know, most of the year, probably a little bit earlier. I'd had all sorts of diff difficulties with, um, you know, I was told that I had, uh, um, asthma, never had asthma. I didn't have asthma. But what was happening, um, was that my immune system was literally on the floor. Oh. Now, I didn't know what was going on in my body, but my body was absolutely crying out. But I put it down to Paul's diagnosis. I put it down to the new job. I put it, I was literally going to the doctor in the, you know, queuing up at six o'clock to see a doctor so that I could get to work because I had a new job and I didn't want to be missing.

Speaker 3 ([04:04](https://www.rev.com/transcript-editor/shared/hJg-Bo1W27LIhOFGTQXacMQrsHKsLThTDHwsOqbkg7boNecb2FR9czPnp0rbMbadu6tCz-0ETtCQt5zBvRHM-bQy9cU?loadFrom=DocumentDeeplink&ts=244.725)):

Mm-hmm. <affirmative> time. Mm-hmm. <affirmative>, I had been diagnosed with rheumatoid arthritis. Okay. And I mean, you look at me now, and you, you'd say, rheumatoid, I don't have, you know, symptoms. Um, so there's a debate as to is it rheumatoid or is it another type? But there is a, an autoimmune, something going on. Okay. So, so I, I blamed that. So, and, and, and, and medically, I suppose that's what they were looking at. They weren't really looking at, uh, cancer at all. Mm-hmm. <affirmative>. So, uh, conversation and work, sorry if this bit long-winded, but conversation and work with, um, uh, a colleague, um, she said her brother had just been diagnosed with, with cancer, and, you know, she had tears. And I was in with her, and I went on the way home that day. I got into my car afterwards, and on the way home, I thought, do you know what?

Speaker 3 ([04:51](https://www.rev.com/transcript-editor/shared/3Lzj_QAcwnx-VxxiY4EEFoxR5xVfGcTIqdpUrRX0S8kjCzLM47g-DzND_FgbEB57u1KBs1T4dheDBT7Y2sLKsjS3ElA?loadFrom=DocumentDeeplink&ts=291.79)):

You really need to go and see what the, you know, is, is wrong. And I had always had this area in my right breast. I'd had it checked, I'd had it biopsied. Um, I'd had it, uh, I started having mammograms in my forties because I had friends who had had breast cancer, some benign lumps, some with, uh, cancer lumps. So, you know, as a, I suppose as a thinking woman, and as somebody who was in a, the lucky position where I had private healthcare, I was able to start my own screening early, okay. Mm-hmm. <affirmative>. So we had looked at, uh, benign breast s lumps, and we had looked at cysts, and we had biopsied this area, and everything was fine. And then I was told, look, you don't need to be coming here to the hospital anymore. You're 50 now. You can go to breast check.

Speaker 3 ([05:41](https://www.rev.com/transcript-editor/shared/GLmCj4Y3fOHIyEWsFpkSE9bGoDmylOfoTsxoRzfHpVIMJXOsLmrZjOiaAXSqBoLBDymohdKNf-IqMCnHngCsO21Jv4E?loadFrom=DocumentDeeplink&ts=341.08)):

So that's what I did, signed up for breast check. And prior to my diagnosis, I'd had four clear mammograms, the most recent one being in June. Mm-hmm. <affirmative>. So as I was going to the doctor now, you know, in December, I've the new job and all the rest of it, 2015, I, I, I wanted to check it out, but I absolutely didn't believe there could be anything wrong, cure, mammogram, hanging onto that. So I deliberately didn't go to the gp. I had always gone to, I thought I'll get a fresh pair of eyes, fresh pair of ears. So I went to, uh, a, a doctor who wouldn't necessarily know me within the practice mm-hmm. <affirmative>. And I said, look, I don't want a mammogram. I want an ultrasound. I want the next level Sure. To look at this. Mm-hmm. <affirmative>. So that's what we did. And, um, yeah.

Speaker 3 ([06:32](https://www.rev.com/transcript-editor/shared/jsx_EijGpESLQKYGQrB-xQSOKZ7Bbbf2ZNi8lqOs-mBoLLnLqPeXeGjF_SbeBZSMdMiG9wg_8ZQDQDz5GRQgupqL3do?loadFrom=DocumentDeeplink&ts=392.42)):

So two weeks later, I was in the triple assessment, uh, in St. Vincent's, um, which is excellent. You know, it's one of the centers of excellence for breast cancer. And, uh, I was seen very quickly, and I was ushered from the mammogram to the ultrasound. And then you have a, you know, the best part about the triple assessment is somebody puts their hands, you get a, a manual breast exam from a surgeon. And, uh, I mean, I think I knew, I, I, you know, I, I was reading faces and Eyes and, you know, nurses trying not to meet me head on with their gaze, you know? So, yeah. Um, I was told that, well, I actually wasn't told immediately. I was just told that, um, they, they, they had done a biopsy, uh, or they wanted to do a biopsy. So, and they're having the biopsy done, and there was one click, two clicks, three clicks.

Speaker 3 ([07:25](https://www.rev.com/transcript-editor/shared/f6LtPwG1DZ_D5Kg-GPn2VLqwYfjmzHXBlDT0lNvE7eHmoiukNaFSRW5Rjq7DvpPeDZOy2HKD5bCRDqNDrY4eFXKrcIM?loadFrom=DocumentDeeplink&ts=445.705)):

And I thought, well, that's fine. And then into the axilla, and there were four more. And I knew then, I mean, the tears were, were rolling down my face because they're not doing seven biopsies, you know, for, for no reason. For no reason. Yeah. So, uh, look, the, the term cancer didn't come up, but I remember saying to the surgeon, um, could it be benign? And he said, not unless you are extremely lucky and have an, a very large, no, a huge, huge cyst. The world huge. Okay. Huge cyst. So I came home thinking it's huge <laugh>. Mm. I was pretty much on the money. It turned out to be a seven centimeter lobular breast cancer tumor. Wow.

Speaker 1 ([08:12](https://www.rev.com/transcript-editor/shared/Z0s0zJryMoWkHlCnc-ftlIFa9rrB_E8bDaDjYmBsQz_Jq9CyhvZfi4T47nHHQZrk8ut8ju5EbYpiRTHMqJfn6E7ogUA?loadFrom=DocumentDeeplink&ts=492.5)):

My goodness.

Speaker 3 ([08:12](https://www.rev.com/transcript-editor/shared/99eGQJlmCIqQP-0rmbFbQMnxwEq1hSNQMQchDl9ucyqK_RzSCvU4bF-IVOryWC8hPZfVZYXs9EqZNF4TkKBhN9d7-EI?loadFrom=DocumentDeeplink&ts=492.95)):

So, there you go.

Speaker 1 ([08:13](https://www.rev.com/transcript-editor/shared/bDxOq1yMK-5YV3S6qoRln54PFidf5P1zP-XEnUPvAWQoEqmK1Cc_B4ZFGFYtXpvdOeMIxM6XQzFH-xQ_pKtUrrywJW0?loadFrom=DocumentDeeplink&ts=493.97)):

And just to explain to our listeners the difference, because I do understand with invasive lobular carcinoma, that it is not, it is more than a lump. It is not a lump. It can, it sometimes not present as a lump. Yeah. So how would you know?

Speaker 3 ([08:28](https://www.rev.com/transcript-editor/shared/ufHOCv_qVoDk1Ut9tXc69IHYwABHXMu7H3yfTXREdeYfPUuGBrXY7Un8pQX0riXwNJFAJp-N2mzK6dmKVrp_Ojr579M?loadFrom=DocumentDeeplink&ts=508.76)):

Look at it. It's, it, that's why I was, so, when I saw these podcasts coming out, so I have to say Ashlyn, I just thought, oh my God, you know, I use the, the expression, uh, not just a lump. And here you are more than a lump. I thought, this is perfect for laar. So I can't believe that we're actually doing this now. It's wonderful. Um, how would you know, uh, so the, the, you know, the classic warning signs, um, for breast cancer and all the, all the education that has been for women and all the awareness talk about mm-hmm. <affirmative>, the lump, you know, your, your, and I remember having a system, I left breast, which nothing to do with cancer, but I remember it was that little p shaped nodule. I was in the shower, you know, I found it in the classic way.

Speaker 3 ([09:11](https://www.rev.com/transcript-editor/shared/frbzfyqsPvwovG3h8SD9ZnWDwW7ehyZXZd-7SzlM0976bj4hZE_KNRmqVQUJpttzHeA9xbrcAj4XZpzE96oWVFyMtgc?loadFrom=DocumentDeeplink&ts=551.4)):

I went and had biopsy. There was nothing there. Mm-hmm. <affirmative>, this is different. This can be, and more often than not, it presents as a kind of a thickening, you know, that you have this palpable area mm-hmm. <affirmative>, and unfortunately, prior to research, you know, the type of research that we have now, we'll talk about that later. But unfortunately, it wasn't actually being picked up because it's incredibly hard to see on standard mammography. Mm. Um, it grows in a different way to ductile breast cancer. So ductal does form that lump. Mm-hmm. <affirmative> lobular quite often, most often, uh, not quite often, most often doesn't form a lump because it lacks a protein called eira. Okay. Now that's a scientific term. Sure. So we don't necessarily have to go into it, but that's it. That's, that's why, and that's what research is all about. Mm-hmm. <affirmative>, so it lacks this eira. So that's the protein that binds the cancer cells together. Okay. So they they're not, they're not coming together.

Speaker 1 ([10:16](https://www.rev.com/transcript-editor/shared/RGXiNGwJGBVGn9sIet-YfiWaphbsWReUO4HZs_7S-3rt8e5v37IoHarKEn33TlyWeJmbNvPXPmzcyrKSiDp2ayYu-R8?loadFrom=DocumentDeeplink&ts=616.62)):

Yes, exactly. So

Speaker 3 ([10:17](https://www.rev.com/transcript-editor/shared/6RG4aaXI8aNpmemFC75MsScU9YKGa5r1gZx0oXNU3379gKDI8fbpthej9inSSSRTHL_E7STTqAxASH3NpITtjBbGuFo?loadFrom=DocumentDeeplink&ts=617.58)):

There's, there's no, it's like the glue. Yeah.

Speaker 1 ([10:19](https://www.rev.com/transcript-editor/shared/c907pPRfzGE-kG844xJLSXS4eVORcK5ZNRiYIsGYJUlK8XDfK7mn5MvrN1YfKhOqcOfUBNu848HE1PfxtfsQNND4pOY?loadFrom=DocumentDeeplink&ts=619.83)):

They're free floating. They

Speaker 3 ([10:20](https://www.rev.com/transcript-editor/shared/bF6uRjcsLOGXcHpfC9qZvzCRJdjRl5bjxgZz2F85N3d9FFZNczqGTgqdLQLYLyCd9diX1J5v-7VMImTfBZgeiu8-uqM?loadFrom=DocumentDeeplink&ts=620.94)):

Are. Yeah. They're, they're, they're, they're, they're growing in single, single file. Single. Yeah.

Speaker 1 ([10:25](https://www.rev.com/transcript-editor/shared/r4LDhD95ZU6XFQPVJic2ezWrUrRqxGfYn2_iGXWuwAi_3dJrEcc6ts4aK_J6t4piyx3705Z-QIyi1bsruha8TCzrSLA?loadFrom=DocumentDeeplink&ts=625.175)):

Okay. Okay. So that is very hard. But I suppose signs and symptoms that we always talk about fatigue is one, never to, uh, put aside, you know, you do have to understand that if you are experiencing, you know, enormous fatigue, that is not really relatable to anything. Mm-hmm. <affirmative>, I mean, I know you said well work and your husband and everything mm-hmm. <affirmative>, that you could take that as being, well, of course you're gonna be really exhausted from all of this running around new job, you know, looking after him, et cetera. But really, people do need to be very, very aware.

Speaker 3 ([10:56](https://www.rev.com/transcript-editor/shared/iAtq2Lv9n5rNOIVf3nNv3fKHzv8V1QeH3Y11u2a5Ge8s2sKE1w-nb_xrXWp7ohjI_Nwu84aVLMTsYYI5pYtUQgjepA4?loadFrom=DocumentDeeplink&ts=656.79)):

Yeah. I, I think, you know, as women as well, we, we, because we, we are the people that a lot of the responsibilities fall to. Okay, sure. Whether you're working or not working. Mm-hmm. <affirmative>, you know, a lot of women have small kids, young families, um, you know, if your, uh, stay at home mom, you know, but your life is just busy. Yes. My life was busy. Mm. And, and I, you know, I, the, I just, you make excuses. Women make excuses. We shouldn't, but we do. And, and that's, that's life. But I think your gut feeling, I think you listen to your gut mm-hmm. <affirmative>, and I was trying to have my right breast looked at. I, I did everything that I possibly could. I had it checked. I went to the doctor time and time again, you know, I took the, the evening primrose oil, which they told me would help, you know, I, I went, it was biopsied five years earlier.

Speaker 3 ([11:51](https://www.rev.com/transcript-editor/shared/fCvB3-HBKFFMUmx3zA8YJEPHJnXrFrUH3jCT1J6GuyupY5nWe-iVnf1qQqfGGoZv5A2H_0CYx16XzIURc5-fHdYhkdQ?loadFrom=DocumentDeeplink&ts=711.9299999)):

Um, and I mean, I had no way of knowing that this thickening or these cysts or whatever, you know, were, were, were there. And I was, I, I, you know, like I said, I turned up, I told people, I said, you know, I have this palpable area. Um, is, and, and it was checked, and I think had I been five years later on, it probably would've been picked up because, you know, we're learning so much. I mean, if you look at what's happened over the last 10 years in relation to triple negative breast cancer, you know mm-hmm. <affirmative>, um, and, and the way that, um, we were talking about this earlier, um, the way that Emma Hannigan raised the profile mm-hmm. <affirmative> of triple-negative breast cancer mm-hmm. <affirmative>, well, we're at that stage now. Um, so, so if my diagnosis was happening now, you know, and I was going to my GP now saying, I have this think thickening, and I was going for my triple assessment, and I was having my biopsy mm-hmm. <affirmative>, you know, um, I think it's possible that it would've been picked up mm-hmm. <affirmative> mm-hmm. <affirmative>, you know, the first time around. Yeah,

Speaker 1 ([13:01](https://www.rev.com/transcript-editor/shared/mXE0SO5cPFWQtgKrgv9pqfJWSZL9hwR8w0Jkzv6QCMZ5qL3W2sRai08Mz3gDPE55__SsaE0ssPx5GKOEmyPzOKAf_V0?loadFrom=DocumentDeeplink&ts=781.1799999)):

Absolutely. Yeah. But it is really, uh, it's more than mammogram. It is ultrasound is what really, really is, is the, is the state of the art to try and pick it up.

Speaker 3 ([13:09](https://www.rev.com/transcript-editor/shared/BTyZxeZHSPHxiBXSF6byM_pMT7nvAy6mCV7SVgPZ8f1KNxe7ig7FizBBZtWt4APqRExnzW6ynLAhfFOhznHdvaqx-SA?loadFrom=DocumentDeeplink&ts=789.58)):

It is. And, and, and, you know, with, with breast cancer screening mm-hmm. Um, you, you, you know, you're talking about, it's not a diagnostic mammogram. Mm-hmm. It is a screening mammogram. Mm-hmm. And we know the difference, you know, screening is for people who are well, and Yeah. Diagnostic, um, uh, you know, um, is for PE people who have, um, symptoms. So it's the non-symptomatic screening quite often is not picking it up. Mm-hmm. <affirmative>. And if you complicate that with breast density mm-hmm. Um, then you have a real, what we refer to as a double, double whammy. Yes,

Speaker 1 ([13:46](https://www.rev.com/transcript-editor/shared/Xcv3rgtQhH4BgK7jrg_HDPCqknoDXDxgTf5-o9zMWpDAFsPUt_G4nLyo-ltfxrHmuwWW-2oaH9uumFPIEA4EcCFOn3I?loadFrom=DocumentDeeplink&ts=826.52)):

Of course, of course. You know, I mean, I know mammograms, even from speaking to the radiographers, you know, they're 90% effective as screening tools, and they're the best of what we've got. However, the ultrasound is that next step from that. Absolutely. So I suppose if there's a concern, mammo is the first sort of line of defense. Yep. And after that, if there's a concern, they will ultrasound because they'll go to the specific area Yep. That, that, that there is a concern about.

Speaker 3 ([14:10](https://www.rev.com/transcript-editor/shared/B3OqZ0KQv7Ty34lsTaWeGiaW9F-rbTHb47DPo-8r-IBQg_4jODUSz-ufoLtMaRvEV8XLnX2T6ha-iWXbPZu8SLH_-IE?loadFrom=DocumentDeeplink&ts=850.78)):

And, and that's why it's really important, as you say, for women to listen to the bodies Yeah. To go and get checked out immediately mm-hmm. <affirmative>, uh, not to ignore the symptoms. And if you're not happy with the, with the response that you're getting mm-hmm. <affirmative>, well go back again. Yeah, sure. Don't just go away and think, well, I've had my mammogram. And it's clear Absolutely. If you have this, you know, gut feeling that something is really, really wrong and you have the fatigue and you have other symptoms. Sure. You know, and, and also check your breasts in the mirror. Yes. Because the symptom that I saw, the one that I picked up, and I forgot to mention it earlier, was I had this tiny little tuck in my nipple. Okay. And when I'd look in the mirror, sometimes I could see it, and sometimes I couldn't.

Speaker 3 ([14:56](https://www.rev.com/transcript-editor/shared/qP1S88ptPt9M3432vpaDJ2vPXoo2OH7Jxnvq0zZhS4VPq5KMjAfNilWMjYUL3XIHUyHV1hywBrMW9qc9byzJLV4eIuo?loadFrom=DocumentDeeplink&ts=896.54)):

And I wasn't even checking in the mirror. I didn't, subconsciously I was, but I didn't realize we just had happened to have a huge mirror in the bathroom. So when I'd be drying myself over toweling or whatever. Um, and I just happened to pick it up. I looked down one day and there it was, but then there were days where I couldn't see it because quite frankly, you know, the way nipples, you know, they react to the temperature Sure. And the heat and whatever. So, and you know, it's, I, I remember the, the radiologist, um, when she was doing the ultrasound saying, you know, how did you, how did you notice this? Because I can hardly see the nipple retraction. Yes. Now, that nipple retraction was a real warning sign that there was a tumor in there mm-hmm. <affirmative>, and it was beginning to affect the pull mm-hmm. <affirmative>. Yeah, that's

Speaker 1 ([15:40](https://www.rev.com/transcript-editor/shared/A5bkgsTKt350Amsvvc74rHEr1nLmqfTW--dt-Ckj1M_5jwQEw2giv-0xUaxQeu5qaijeneAek_Zs5S7DpTmrfT7b1_o?loadFrom=DocumentDeeplink&ts=940.13)):

Right. It's like when we speak to so many people, you know, there are, what we've come up with is like, there's eight signs and symptoms. It's not just a lump, which is the full purpose of this, but, you know, you can have an inverted nipple, you can have breasts that are, one can be slightly, slightly bigger than the other, slightly lower than the other. That's right. So it is very important, as you say, to check in the mirror Yep. To see if there's any sort of difference, if you like.

Speaker 3 ([16:01](https://www.rev.com/transcript-editor/shared/HSea6SycJOfflTecWRSKaqcmBDSb5z19TEGVYocUwuj1FfHAoKnr6lYBhSRYHB4zAoImNXHQkYAsu2eO2iIGxtqEioA?loadFrom=DocumentDeeplink&ts=961.55)):

Yep. We, we, we tell women all the time to feel and how to feel with the tips and your fingers and all that mm-hmm. <affirmative>. Um, but it's, it's, it's, it's as important to get to know what they look like. Absolutely. You know? Absolutely. And I wouldn't have seen the inverted nipple mm-hmm. <affirmative> other than I was, you know, as I said mm-hmm. <affirmative> checked in, Marianne thought, what's that? Yeah. You

Speaker 1 ([16:21](https://www.rev.com/transcript-editor/shared/xbS-Gw8d4tj0O3gqKyVSI9g-fs38erZjTj-PAfrFDSxHFsOWuZP9zedyh-c_kD4NFLCXS1L3fz4LCyqYqveSb9B88Bg?loadFrom=DocumentDeeplink&ts=981.96)):

Know? No, absolutely. And I know you say, you know that you were going and having your own mammograms done from an early age. That's great. And a lot of people say, you know, oh, I'd love the screening process with the, with breast check to be much lower at a lower age. Mm-hmm. <affirmative>. And I've often said yes and no. And the reason no is because in a younger woman in their thirties and forties, your breast tissue is still very active, so it's white and cancer shows up white. So white on white is very hard to detect. Mm-hmm. <affirmative>, as we get older into your seventies, eighties, and onwards, it gets grayer and into black. It's easier to pick up, but yet mammography is the best at the moment screening device we have.

Speaker 3 ([16:59](https://www.rev.com/transcript-editor/shared/e-s_cJqcWfjTkBGZP6dluQfbQv0sZNTDUlaPelEm3bckgmiZOyoIJwSZEcg1F6zeO5qrjrcP7uTfey-ldPC841-NdVg?loadFrom=DocumentDeeplink&ts=1019.99)):

Yeah. When you talk about the white on white, that's, I mean, I, I advocate about that, and that's how I got into patient advocacy with, with being dense. So being dense is, is, is just something we came up with as a family, and it was a kind of a cathartic process. I just thought, well, you know, um, I didn't even know if it applied to me. I just found out about it, you know, and I realized the women really in Ireland are not getting the information on that. Um, women in Europe. Indeed. But, um, so it's, it's breast density and there's four categories of density, and you're quite right, Ash. Yeah. Younger women are biologically, um, going to have, uh, uh, dense tissue. Okay. And, and the old,

Speaker 1 ([17:43](https://www.rev.com/transcript-editor/shared/t68LEMJ4mYo9Y4xU_eYV61HMgVza8AZOQm2OKPfLI8TQxFaTblAJXouEwhu2MgvNwJz4IXpxE6JMITkcTGgwGCx1swk?loadFrom=DocumentDeeplink&ts=1063.6)):

And just explain that to me though. Dense tissue, what is, what exactly is that? So

Speaker 3 ([17:48](https://www.rev.com/transcript-editor/shared/pceCU_Zi880FFhf5MmV4u4u3wypFwqUn5qQ7_lh1p8Yzy4taD-tLIpdqRu9j5MrEWyLbyM6Lvqop8l29_rC8SLdJ20g?loadFrom=DocumentDeeplink&ts=1068.02)):

It's the amount of fibroid angular tissue in a woman's breast. Okay. And it's, it's, it's, there's, it's perfectly normal uhhuh <affirmative>. So breast density is normal breast tissue. Okay. So it's just, there are variations on the amount of density in a woman's breast. Okay. So younger women will have dense breasts, and, and you're right. As, as a woman goes older or rose older and goes through menopause, the amount of tissue can Okay. Decrease. But it doesn't always. Okay. Now, it was thought that it, it, it did. And I think that was, I, I, I'm sure about this, but I think it was one of the reasons that screening began at 50. Okay. Because there, you have your, your cutoff for menopause and mm-hmm. <affirmative>, so the, the women's breasts are less likely to be dense. Okay. Over 50. Okay. However, I've, I've had all my mammograms looked at, um, because it's important that I know what I'm talking about when I'm talking.

Speaker 3 ([18:41](https://www.rev.com/transcript-editor/shared/27De29CHJeQuc0HMM7j2Qe4OIzIPfu_-jit7K0TGjnq-LWNkjv2QasZzXBGKn4fM-k6GFA6_45yDwyOXA9kRVP3CsHM?loadFrom=DocumentDeeplink&ts=1121.075)):

Sure, sure. And my breast density, um, say from the age of 44, I had a mammogram again at 46. Um, and then my, um, mammogram and, and, uh, biopsy at 50. And so when, when I had those checked back retrospectively, my density didn't change. My density remained the same. So I'm one of those women mm-hmm. <affirmative>, and there, there are 40% of us out there. Okay. So for 40% of women, your breast density won't change. If, if you're dense at 50 mm-hmm. <affirmative>, you're likely to retain that density. Okay. Yeah. You're dense at 48. Mm-hmm. <affirmative>, you know, and I know that we can't screen all women, but what I would be advocating for, along with the European, um, society of, of breast imaging, now they've issued recommendations, is that all women would be told what their breast density is. Okay. So if you have, there's four categories.

Speaker 3 ([19:40](https://www.rev.com/transcript-editor/shared/CM28HCIm3HUyqQt0M3fM_rzmkM36X66u5rrFrrBGp3rypmU6cEeUuAyyn1aARHKcs3_cZfS6DISBp8sZudqMQqx1jqw?loadFrom=DocumentDeeplink&ts=1180.92)):

We just, if you want me to run through the Sure, yeah, yeah. Quickly. So there's category A to D. Um, we try to, uh, to suggest that it's not measured in one to four. It's, it's more easy if you're, if you're using the BIRADS method, which is developed by the American cancer, um, uh, society of men mm-hmm. <affirmative> Amer American, um, society of radiology. Okay. Right. So the birads, um, so category A is mostly fatty, so that's the gray, um, you know, um, image that you're talking about mm-hmm. <affirmative> mm-hmm. <affirmative>. So if a, a small cancer, as you're quite rightly said, it, it pops up as white. Sure. That's what they see. A tiny little bright area on a mammogram is, is likely to need further investigation with ultrasound, maybe mri. So you can see that on a, on a mostly fatty breast. And then you have category B where they say it's scattered fibroid glanular tissue.

Speaker 3 ([20:37](https://www.rev.com/transcript-editor/shared/ckpGVbp03B4m58WDPJTlfp_SPY41qKVjxa9WIWOG43jeExievTb08GEKKG1prb3WoFvPmO5ZPS_pjiDZ5MJd7JuxMgU?loadFrom=DocumentDeeplink&ts=1237.02)):

Okay. So you've got lots of little speckles maybe of white. Okay. But again, it's easy to pick up a or easier to pick up a cancer on, uh, category B breast. Okay. Okay. Okay. Then you go into what they call dense breasts. So that's category C and D. And category C is what they call heterogeneously dense. So again, if you're looking at a mammogram of a woman, even at us, and we're not, we're not radiologists mm-hmm. <affirmative>, but even us, even even the patient mm-hmm. <affirmative>, if they get a copy of the mammogram, they'll see that there's a quantity of white tissue on that gray background. Okay. Okay. So it's less easy to pick up the cancer. The white on white now is becoming a, a problematic area. Mm-hmm. <affirmative>, and then if, and that's for, we would say about 50% of the breast is dense. Okay. And then you go into the extremely dense category where it's between, you know, 50% and 75% dense.

Speaker 3 ([21:33](https://www.rev.com/transcript-editor/shared/2cfo3dgZ_7sHQNI-_p83o1jSE-8R7iMOUVqdL6wiGqK4DM72y3KQnAyZPb0KvEovOwxWhcL06sbMRktTrH-3IEdx46U?loadFrom=DocumentDeeplink&ts=1293.73)):

So now you've got a, it's like what they call a looking for a snowball in a snowstorm. Yeah. Now that's, I know that that's used and overused, but it's a really good way to describe it. Absolutely. You are looking for that snowball in snowstorm as a radiologist. Now, and I, I must keep saying I'm not a radiologist. Sure. But you know, I've, I've talked about it, I've learned about it. I've, yeah. You know, I've a fair, decent bank of knowledge now mm-hmm. <affirmative>, and then if you put, okay. So I, I was that woman with extremely dense breasts. I didn't know it, it took me years to find out. Um, and, and it wasn't for the one to asking, I asked repeatedly, even after my diagnosis, I was saying, look, can you tell me if I've got dense breasts, can you tell me if, if the, you know, is that why the lobular tumor wasn't picked up? Is that why I ended up with the seven centimeters? To me? Is that why I had a clear mammogram in June? Mm-hmm. You know, so all of those questions, they're really re relevant questions.

Speaker 1 ([22:35](https://www.rev.com/transcript-editor/shared/iT9xJWi6QrvkcLnhEFGBQ0wT7MUYr3Zi15bRUJjO6E5oufwge6-IenqdN-7BkX2oKVKJpUl4hXYGdKrHV_I2U54W7-s?loadFrom=DocumentDeeplink&ts=1355.085)):

Absolutely.

Speaker 3 ([22:35](https://www.rev.com/transcript-editor/shared/FnmyXJ__-BCLlsoe_bFqxT5_a_HHGZpy_XNMIHkaiknW5YPauAoK-UT0bswGLb43bRDm5prq45izkuNkLjKplvH7-PE?loadFrom=DocumentDeeplink&ts=1355.655)):

Absolutely. And we have to keep on asking them,

Speaker 1 ([22:38](https://www.rev.com/transcript-editor/shared/-dnnPCp8mAR4F4KWpZ6GEHa4o1YT0jOBVYyByiA1WLLAuQZc5ka4Mxfa6nvXmwTT_BLJThaKWlTHiyqhlXNp7ewudBk?loadFrom=DocumentDeeplink&ts=1358.53)):

Because, can I just interrupt, can I just ask you, so you were forties in your forties, what made you decide, was it because you had friends and people who were, you know, being diagnosed with breast cancer that you just thought, look, I better, there was nothing in the family.

Speaker 3 ([22:52](https://www.rev.com/transcript-editor/shared/t5snHdsSboSd4aKZfVVfVWd_4JmBcOxWi8UjoTFt3a5ZXJKFZMcPsJbwG4s8VYLnnvPQnMKI2ZOer5QTo1KuFTmZjc0?loadFrom=DocumentDeeplink&ts=1372.33)):

I'll tell you exactly what it was. No, no. I, there's no breast cancer in my family. And there, there are cancers. Yeah. I mean, my, my maternal grandmother, um, had lung cancer. Okay. She never smoked a drank, um, she lived, you know, in a small farm and they ate organic food and they had their own eggs and chickens and everything else. So, you know, really healthy lifestyle. Um, my mom died of breast cancer. Oh, sorry. My mom died of lung cancer. Beg pardon? So granny died of, of lung cancer at, uh, 54. And my mom died of lung cancer at 58. Wow. Now, um, you know, I, I, I personally would like to maybe, even though I'm, I'm now 62, 63 this year, I think I'd like to go for genetic testing, cuz I would like to rule out the possibility that that wasn't maybe in my head that they were metastatic. Mm-hmm. <affirmative>, they could have been.

Speaker 1 ([23:38](https://www.rev.com/transcript-editor/shared/QU7sxmIzCjIhg_kL5ThrOc24AgfQulYFC2RfiJyH4fvjy0Ko2ZiCjbfR6ZRwUmMBXG2g5NtqOF7S1rF9PrncLowz4oQ?loadFrom=DocumentDeeplink&ts=1418.96)):

Who knows? They could have been. And yeah, it's interesting you say that because, uh, I had a conversation with an oncologist, um, because my mother was seventies. She was in her seventies when she was diagnosed. Uh, and her tumor was so tiny, even the radiographer thought, oh my goodness, I can't believe we've actually caught this so early. Mm-hmm. <affirmative>, now she had lumpectomy and radiotherapy, and that was fine. However, um, I did say to them in relation to family history, et cetera, where triage, like, where are we? And they said, oh, very low risk because my mother was in her seventies, but having your mom and your grandmother in their fifties mm-hmm. <affirmative>, that to me would say, I would say to you, yes. Be

Speaker 3 ([24:13](https://www.rev.com/transcript-editor/shared/HcFQcZFS1-8v0DIwXi88ToDTWB_mqnyyYEZSbvBRYhoIhwrsQzQlcfYx225AlgKNjONDN_mUjf6Qqi6A0L_PZCyMKaA?loadFrom=DocumentDeeplink&ts=1453.73)):

Checked. Absolutely. You know,

Speaker 1 ([24:15](https://www.rev.com/transcript-editor/shared/-0LlXl5sepPgc5BSTqG_craP6TuIbeqIJ4lQoD0QJ0C_BiGB2LRjebDbTa6RAjAr_lw10aO5hxqxLxtWXQwI6WkhDzs?loadFrom=DocumentDeeplink&ts=1455.41)):

Just check it from a, from a, from an interest point of view.

Speaker 3 ([24:17](https://www.rev.com/transcript-editor/shared/RVu7ls_qHIeO2dMWf7tEvMJ5bcHzt-aUdFmFI92uGaK02nFSoZxrAj245HvbuXpsoPcakIbkLufen0N9U9ID6RqXn4g?loadFrom=DocumentDeeplink&ts=1457.84)):

Oh, I, yeah. I mean, I'm hugely interested in, in that aspect of it. Um, and, and you know, it, it is quite possible. I mean, my grandmother's time, nobody was looking at breasts or checking breasts, you know. No. True. They were well hidden away. And in my mother's time, you certainly weren't, um, encouraged to feel your breasts. I mean, that was a sin. Absolutely. Absolutely. You know, so, yeah. Yeah. Absolutely.

Speaker 1 ([24:38](https://www.rev.com/transcript-editor/shared/lycUl9qrQ3YnNB00_2jQeZh-ieEgOtMrh-TfdAVp9tQF4cKajKSo7OYHQRFnQEGYhsIO9B7NLglgfTFiWKT8b6OgZrw?loadFrom=DocumentDeeplink&ts=1478.74)):

And it was all, all about, you know, if it's not bothering me, I'm not going looking for trouble. Absolutely. So, you know, we are an nation of that. Yeah. Um, and tell me then, so treatment-wise, was your treatment similar to other subtype cancer treatments as in surgery, you know, uh, chemotherapy, radiation therapy?

Speaker 3 ([24:56](https://www.rev.com/transcript-editor/shared/njvje3QLAtu21CfXOrDlT6k58s7BIXTFMlijsex_JVNbGUdXbnHFUvgVdngnsWc0R8eAEjSeflOVsxTDHtYFoDeu_n8?loadFrom=DocumentDeeplink&ts=1496.21)):

Yeah. Um, treatment-wise, it, it, it was, is yeah. The best of my knowledge. Um, we don't have personalized treatments for lobular. That's why research is so important. Okay. Um, and we're getting to that stage. But, um, yeah, it would've been treated more or less the same. Um, I had, uh, what they call dose dents chemotherapy. So that's every two weeks, not three weeks. Um, little bit harder on your system, I think. Um, but, you know, very manageable. I, I got through it and, and at the other end, um, I had, uh, the auxiliary nodes, um, cleared four, two oh nodes. Now we all have a different number of nodes. Who knew that? I didn't know that. You know, Uhhuh <affirmative>. Um, so I happened to have four two, but you might only have a 24, 28, you know, it's, it's just whatever. Um, so I had that done and, but I do remember clearly being told that there would be, um, it, it unequivoc unequivocally that word unequivocally going to be a mastectomy.

Speaker 3 ([25:56](https://www.rev.com/transcript-editor/shared/LQ3KEymMmIYyXlMBc2lrU3T6Z21-jvVS4Ayu86rwhizMS5vd8JMst2S5FrtW8iHxg3Kx1FXdRvQDafeoB95PDTGCoq0?loadFrom=DocumentDeeplink&ts=1556.93)):

And I really couldn't get my head around that. I, I just, I really couldn't because I kept saying, but how did, how has this happened when I have gone Yeah. You know, I've, I've never missed a mammogram. I never missed a breast check. Mm-hmm. <affirmative>, I, I always followed up on my symptoms. Mm-hmm. <affirmative>, you know, so how have I ended up here now? You know, and, and it wasn't a poor me thing, you know, it wasn't like, why have I had developed breast cancer? Because let's face it, any of us can develop Sure. Cancer in any part of our body that's just a biological mm-hmm. <affirmative>, you know, a, I dunno, scientific way to explain it, but any of us can get cancer. Any of us can get breast cancer. Mm-hmm. <affirmative>. So I wasn't saying I shouldn't have developed breast cancer. What I was in my head saying, how the hell am I in this position where I'm going to lose one of my breasts?

Speaker 1 ([26:52](https://www.rev.com/transcript-editor/shared/dUPLlFi8S4DI_WhKdgZOz8_sGh366rkP96fnLz_iEWvMIli7iIXXLi2lbkWOZP9Gu21VXji6Mgcmte-q9xoFXHb2DrM?loadFrom=DocumentDeeplink&ts=1612.8)):

Mm-hmm. <affirmative> having been so careful having been so, um, informed and doing everything preventative Yeah. If you like. Yeah.

Speaker 3 ([27:01](https://www.rev.com/transcript-editor/shared/XIZ65KCekWE3waKhcqDAZBqIk6FWiuV_13FshCJler6YlFBl2foXU0AzoBx4mwdxzdeKynY4x6095WdVILjQyJD5aSs?loadFrom=DocumentDeeplink&ts=1621.59)):

Yeah. And, and, and then the next thing was, I was sitting there saying, look, I know it's nearly Christmas <laugh> because the day of the, the, the day I was actually told, um, was the 18th of December. So, um, and I was told very quickly, I mean, I only had to wait a week for the, the results and whatever, but, um, I, I just said to them, well, look, let get me in, get it done and get me out. And then it was, well, unfortunately we can't do that because we're going to do chemotherapy. Okay. Before your mastectomy. Now, that's another thing that I think we've learned a lot about. Um, I won't say that. I'm not saying that chemotherapy isn't effective mm-hmm. <affirmative> for lader breast cancer, but we now have research studies coming in from, um, um, well, coming from all over the world, really. Mm-hmm. <affirmative>, but, um, particularly from Pittsburgh, from Stephi, ostrich's, um, laboratory over there.

Speaker 3 ([28:03](https://www.rev.com/transcript-editor/shared/1UXADoSOIAB8zGklJDz1w2jqW0cC4LwoWVH87Lr6VwouGcwb95drMfgVNanGtHy4DGiKmJ6Rg-xMLVZP2KbHvyM6alY?loadFrom=DocumentDeeplink&ts=1683.51)):

And then we have people working on it, like Catherine Briskin in the, um, um, in, in London in the icr. And we have, um, researchers all over Europe, like, um, you know, I'll mention the, the European Lobular Breast Cancer Consortium mm-hmm. <affirmative>. So, um, you know, we, we have, we have, uh, pathologists and history pathologists, and, uh, it, it, it's, uh, it's, it's kind of, we, we now know that, okay, I'll put it out there. We now know that chemotherapy isn't as effective always for lobular. So I, I, I can't, I'm not, uh, sufficiently involved in a scientific way to say that it doesn't work.

Speaker 1 ([28:49](https://www.rev.com/transcript-editor/shared/rqcmu9rgJYqjPmqPYcnCyImYN5nD5f6bsjJZiMwAJE7qKlFHtyqamq5HLyUPg_q8T_ca2WrqfSFQSdx9EhO-c465_Us?loadFrom=DocumentDeeplink&ts=1729.05)):

Shavon, tell me about the, the standard treatment of care for your subtype. Is it surgery, chemo, radiation therapy? Or how, how is, how does it evolve?

Speaker 3 ([29:00](https://www.rev.com/transcript-editor/shared/OrQfr3wIEO19EE92qXg5M2ZS51Bv6e0LC6f_CguypoFmmPIc1HaXk5mBEoUfQUd_plA28oOJbLpb2UUx1JZBbjJyPq0?loadFrom=DocumentDeeplink&ts=1740.87)):

Okay. So research is now in informing, um, the, the, the, the clinical, um, side of things. Um, but, but, but I think the, the clinical end has to catch up on the research. Okay. You know mm-hmm. <affirmative>, so traditionally it would've been chemotherapy to shrink the tumor. Okay. Um, and then surgery and then radiotherapy mm-hmm. <affirmative>. Um, but what we now know is that most, uh, lobular breast cancers are estrogen positive. So it's, it's been fueled, the tumor growth has been fueled by, uh, the woman's level of estrogen mm-hmm. <affirmative> hormones. Yeah. So, so that is the most effective treatment. Okay. You know, so sometimes women can avoid chemotherapy mm-hmm. <affirmative>, but it's not, you know, that that's really getting into an area where you, you're talking about personalized Yeah. Treatment. Yeah. And we're getting better at that.

Speaker 1 ([29:57](https://www.rev.com/transcript-editor/shared/EC3DHL9eDTgzOFlHyrVLYcp0T9VVC8b3Jxt02NS3Fkw-Jlhs4YBbJy2DqOrHi_O5zhWfr5CMY9w0zvmV2c9NZywXxy8?loadFrom=DocumentDeeplink&ts=1797.16)):

Yes, exactly. Exactly. You know, I mean, we're seeing, and that's one of the significant developments I have seen in the research world is that, you know, 50% less patients are requiring chemotherapy because of personalized care. Yeah. So it's personalized treatment plans, because every person's be, they, their genetic makeup or whatever mm-hmm. <affirmative>, their, their breast cancer or subtype is personal to them.

Speaker 3 ([30:19](https://www.rev.com/transcript-editor/shared/Qxxy9gBBXBcJgp-J6krhuLy1Glz7Muf0cn88luBOi7nv4RINZlIvfPWYTCFfC9kpWNLqHYpUf4ceQIXl0XyPU604eIE?loadFrom=DocumentDeeplink&ts=1819.6)):

Absolutely.

Speaker 1 ([30:20](https://www.rev.com/transcript-editor/shared/6AAPZVQiozt_eLRDUdq12A24grDkEcaUFs_q-sqJWdHEZkIGG5xnKo49SRWVkYWdaSvJCwNUDSHoIB8O3-VC8mqdyLc?loadFrom=DocumentDeeplink&ts=1820.17)):

And therefore, it has to be treated, set very, very differently than a blanket Yeah. Um, treatment plan. Yeah. I mean, years ago, I suppose if you had a hundred women in the room and you gave everybody chemotherapy with a, a particular subtype of breast cancer will only work on 10%.

Speaker 3 ([30:32](https://www.rev.com/transcript-editor/shared/vyoV8Q-Kq5kEEnbbT9KWai9fQL6gc_w7K0u5G7P9rjezeRFyjZbDWdm9KSsWBIJ7W5etJDb8mBeTMdJbEuIwVvfEu00?loadFrom=DocumentDeeplink&ts=1832.83)):

Yeah.

Speaker 1 ([30:33](https://www.rev.com/transcript-editor/shared/_wofblZuDGV0jiXntu-QYagTwlUWoxNMGfe1hpqGi8_IpPKubmHg4rltXNx8k1AG09PO9qAxhFoLo4aeG2LIr0kdtqM?loadFrom=DocumentDeeplink&ts=1833.37)):

No. So the are the 90 don't, didn't absolutely. Didn't necessarily need,

Speaker 3 ([30:35](https://www.rev.com/transcript-editor/shared/XwTPj-8c2fjkezgOc5KAXhUzdCCrxqyo0X4qnuVclqUqOgQ7wKGubpEIWNm0lwAH-eO2hDM5yu-HXo7V_CXRfkaygmI?loadFrom=DocumentDeeplink&ts=1835.83)):

But it wouldn't be correct for me to say that chemotherapy isn't effective Sure. In lobular, you know? Sure. Because, but it's less effective. I think that's fair to say. Okay. That it's clearly less effective uhhuh, um, in, in lobular breast cancer treatment.

Speaker 1 ([30:50](https://www.rev.com/transcript-editor/shared/ZgDDHheEKoaSJNXWEACwWDgy641v4WUPbXVmKuqhb2ZjyGWFS-S3hDRa-DTUCq4j-E5b32R50EY7cdDyFLEkCpawv5s?loadFrom=DocumentDeeplink&ts=1850.26)):

And I think what I've heard, and what I understand over the years is, you know, that chemotherapy is there, has been there in the past to shrink the tumor mm-hmm. <affirmative> so that to operate is more effective. Because I think if we operate ahead of shrinking, we have the, it's a bit like, and we, we had a laugh about this, about Jenny Joe's mm-hmm. <affirmative>, you know, this where the, the tumor, you go one o'clock, two o'clock, it can disperse and hide mm-hmm. <affirmative> and hide in areas. And that's when we have another problem where it can then go on and effect on the

Speaker 3 ([31:17](https://www.rev.com/transcript-editor/shared/S7BCcOHnWnYAGCb2wK0nlhDQ-323Wl4cWFGDtzUbGPr3fHJxfg5NEQq86oqsRtfKWLhYog_yR7ROIhuMTqzRw7hlFZc?loadFrom=DocumentDeeplink&ts=1877.47)):

Organs. Yeah. Well, you've, you've just hit on a really good, um, point because lobular breast cancer grows in the single cell line. Yes. So it's more likely, um, first of all to be picked up late because we don't have the level of imaging, the level of screening mm-hmm. <affirmative> that's appropriate to pick up. Okay. On lobular tumors, it's, it's harder to see. So by the time it's diagnosed, it can be quite a big tumor. I mean, a woman can be carrying a, an 11 and 12 centimeter lobular tumor. It's not unusual. Wow. Mine was seven centimeters. Yeah. You know, so, um, and it's because of that single cell, the way it grows, it's more likely to be dispersed throughout the breast. And that's the pity, you know, that's why research is, is, is, is telling us that we need better screening. Yeah. And that's come out in a new study, um, from, from, um, um, the state's, you know, they're clearly saying lobular breast cancer is a unique, it's it's own entity.

Speaker 3 ([32:23](https://www.rev.com/transcript-editor/shared/ECf8lkqn5k9EMFH3fmdc72m4b5R-vdY9D6tBQxOB433q7eCWXPbLrggVPBMY1EN_JK3ueWl9sd22CHtUOF4PGLZpYpQ?loadFrom=DocumentDeeplink&ts=1943.56)):

It's, um, you know, it's, it's not uncommon mm-hmm. <affirmative>, it is common. Sure. It's, it's just, it, it, it's, it's not just, it's the second most common, um, uh, breast cancer, it's the sixth most common cancer in women overall. Wow. It's more common than ovarian cancer. Wow. It affects more women than ovarian cancer in Ireland and every other country across the world. So, you know, that's, that's, uh, we're learning more and more and more and more, but, um, we're, we're now funding it to the same level that, you know, um, breast cancer is, is being funded. Um, so we talk about estrogen, er positive, ER negative, her two positive, her two negative, and all of those things are connected to lobular breast cancer as well. Okay. Yeah. So, um, I, my, my mine would be classic lobular, and that would be what we call er positive.

Speaker 3 ([33:24](https://www.rev.com/transcript-editor/shared/Meorjh8bAzz6L87rI818mFEN6RRflI2fzK7VYW_2yhctOfMovHkL5hz4n_iq_lxQLFfb7eL2Ez5KWVQomP1-gKduezQ?loadFrom=DocumentDeeplink&ts=2004.14)):

Yes. So it's, it's being fueled by estrogen. So I take an estrogen blocker. Okay. Right. So it's femara or riol. Okay. And if I was premenopausal, I would take tamoxifen. Okay. Right. So I, I was postmenopausal my mine picked up. Yes. So that's the difference there. But anyway, um, look, the, the, the, the, I think the big thing and the big thing, the, the, the, the real reason why I am so happy to be here today is a, we're talking about lobular. Mm-hmm. <affirmative>, we're talking about the fact that it's more than a lump. Yes. And, and not just a lump mm-hmm. <affirmative>. Um, so we, we've done that. But, you know, um, you, you would've had the pleasure to meet, uh, Stephanie Ostrich during your Yeah. Uh, really, uh, it was the, what was the name of the conference?

Speaker 1 ([34:11](https://www.rev.com/transcript-editor/shared/NvHNcujWhyRLRR_crN5Q-p7NNRBpD_M_V-GeXXxEvHfjrkXMebTNp6w1EdXknC0bKvW-ASaLtA3Z8frQr03XvZFlHoY?loadFrom=DocumentDeeplink&ts=2051.2)):

It's an international breast cancer symposium in, uh, just before Christmas in October actually. Yeah. Where they brought in all of the great minds, scientists from around the world who share ideas and share where their research is at, and see whether or not there's any cross collaborative opportunities. And it's where initially the breast cancer research lab that we fund within the Royal College surgeons under Professor Leon Young mm-hmm. <affirmative>, um, she was then combining and working with Adrian Lee and Steffy in relation to metastatic breast cancer. Mm-hmm. <affirmative> where metastatic, um, and it was brain metastasis mm-hmm. <affirmative>, which is the most challenging one of all. Mm-hmm. <affirmative>, it's the one that we're, we do fund quite a lot because it's that final stage. We know that in other metastasis we have clinical trial drugs available in the brain. It's really, really difficult. Yeah. But in saying that, I know that Stephanie and Adrian are huge advocates. Absolutely. Um, in relation to lobular Yeah. Breast cancer, and it's an area we've said we will keep talking to them on, because I believe strongly that our Ireland in, in ourself working in a silo is crazy. We're small island. Yeah. You know, 5 million people, we do need to be working with the bigger entities. Yeah. Because combined we will come, we will get a much bigger impact.

Speaker 3 ([35:24](https://www.rev.com/transcript-editor/shared/4IHoXc7ayvpUZKtF4-w24pKZBEMxfSx5aPyxndzP61CGJZEkPls6lC0p6O3bOJQqO9lTCWKqqOQ2eUSW2qATaBqkI_I?loadFrom=DocumentDeeplink&ts=2124.86)):

Yeah. Yeah. And, you know, in the same way that the, you know, lobular patients make up a smaller number, lobular, um, scientists, you know, there's a small pool of of scientists there. That's what, but they are all collaborating. Yes. And that's the key. You're, you're absolutely a hundred percent right.

Speaker 1 ([35:43](https://www.rev.com/transcript-editor/shared/a-Q1w_MYDYdBDQWTdG-btdf5-5_38HqufrOmZPQ2mCBxbS75WxpSnZK_77nOXHpxmdQnxeDaQLInT5y432WwUi9zPRA?loadFrom=DocumentDeeplink&ts=2143.41)):

And I think the more the scientists learn in the labs in relation to how the tumor evolves and how it works and, and the different proteins involved, et cetera, the quicker we can try to get it into clinical trial and get clinical trials, uh, working to come up with more effective drug therapies.

Speaker 3 ([36:00](https://www.rev.com/transcript-editor/shared/Q6o8F6bjoEurWXGboyBOKNE7Y9_uVPhta2_2p4QJngYcp1ZHh8WIhVW5hTAxB_2T7fWwWLyRecnp5iRDO1JBFQEhdn8?loadFrom=DocumentDeeplink&ts=2160.9899999)):

Yeah.

Speaker 1 ([36:01](https://www.rev.com/transcript-editor/shared/zjUVrvy9_L4XrZHg9X071U8ueCfxl4LZNV4rNPMg9GDgDzAGp_2DYAiT-BgEpynwIy_Fiarj5yBajEU3V0QegfC-m_I?loadFrom=DocumentDeeplink&ts=2161.32)):

And I think that's the key going forward is speed of clinical trial.

Speaker 3 ([36:05](https://www.rev.com/transcript-editor/shared/v1_fTxHS8FLsvpGN9n2zzaN5z3_XpaK2lzHYWL84ejDmxA9aJ9L6UMUYGGX2E09E-ZElDzWgnNxTzL1AtQTxppfJ8QQ?loadFrom=DocumentDeeplink&ts=2165.79)):

Yeah. And, and, and, you know, we can do that in Ireland mm-hmm. <affirmative>, we can, we can do that in, in, as you say. Mm-hmm. <affirmative>, you know, we can have a collaborative effort going on here that, you know, we can work with all of these people. But, um, you're quite right. Lobular has been left out of clinical trials. You know, when you look at, and there's a study coming out, um, from, uh, the European lobular breast cancer. We were only talking about it the other night, um, on a, uh, conference call. So they're going to, um, uh, Karen Van Bailen and Christine Desmond, they're working, um, within the El bcc and they work out of Luve. Okay. And, uh, they're doing tremendous work there. A along with, I have to mention, I can't leave anybody out. I have to mention Patrick Dirkson as well in th Okay.

Speaker 3 ([36:55](https://www.rev.com/transcript-editor/shared/naRP8bbXHLcnPT3gPCn9uepXSfLnzDXvWJVnPQkacYNdQ0EMxjzl_eRjgbHdi3c0q0iLiUI10gnldPwqbeTNywKRtwQ?loadFrom=DocumentDeeplink&ts=2215.62)):

Corman. So, so we talk on a regular basis mm-hmm. <affirmative>, and, uh, we, we talk about what's happening in the lobular world, uh, and what's happening in Pittsburgh and what's happening with Stephy, and everybody's working together. So they're going to present a poster at esmo. Okay. Um, highlighting the lack of clinical trials for lobular. Right. And we talk the other night again about, um, where we are in relation to funding and what we need to do in order to get funding. So we, you know, if labia represents 15% of breast cancer in women, we'll then ought we to be looking for 15% of the funding to research it mm-hmm. <affirmative> and we need to put out a, a, a call Yeah. For lobular breast cancer funding for research. Mm-hmm. It's, it's, it's, it's critical really. Mm-hmm. <affirmative>, you know mm-hmm. <affirmative> mm-hmm. <affirmative>, uh, and now's the time. Sure. You know, it's the right time. Yeah. The, the science is there and the research is there, and the collaborations are there, and there's, uh, there's, you can see, you can feel the shift. It kind of gives me a little bit of a, you know, uh, I'm getting the buzz out of it, but Right. I, you know, the hair stands the back of my neck because when I was, when I was diagnosed, there was nothing Yeah. About ular breast cancer,

Speaker 1 ([38:11](https://www.rev.com/transcript-editor/shared/g0o6fm343bQEoNo8xjQtO7ygtHmHC8ALvg-BvtWQyLfp6MI3znVIjPfpPLEnEMBSefikGrCb3AQV1OjPP8V9vXfdLWA?loadFrom=DocumentDeeplink&ts=2291.82)):

But it just shows how far things have evolved, which is great. But as you say, it does need that next step. Yeah. We can't stand still. We just need to, we need to keep investing. We need to invest full stop in lobular, because we do invest in triple negative. We do invest in her too. We do invest in other subtypes. But I, I, I hear what you're saying is that investment is needed in the lobular, um, arena. For

Speaker 3 ([38:33](https://www.rev.com/transcript-editor/shared/gtvBDdT9t_Fy5O9hLMwabpwrmxOYeKZskt-XfXZ9Kpm8xeQ5t6ex8UHk-6jRA0Rz_J7OR5xa5M7otfF59s5BmuDfPOk?loadFrom=DocumentDeeplink&ts=2313.87)):

Sure. 100%. And I'm so happy to hear you saying that. Mm-hmm.

Speaker 1 ([38:37](https://www.rev.com/transcript-editor/shared/2RfN4jH-Afr9j6sSNlhWFASgYPqdb_qNhuJo8Zoh7f5jux5Xg7meN_lQxCFP5GWl-C7IdmWMaosNK5EB6w7QZQsB_84?loadFrom=DocumentDeeplink&ts=2317.4)):

<affirmative>. Well, Shavon, thank you so much for joining me today. On More Than a Lump, I do think that people will be intrigued and they will get a better understanding of the lobular subtype. And if they need to, uh, learn more about it, they contact ww uh, dot being dense.com.

Speaker 3 ([38:53](https://www.rev.com/transcript-editor/shared/CsbLWQ9OumJHQ7GPX6e07QyAN7duCIXyqRsoSOyR3EGk4tbRHXxwyzsBjB4DjQxy15gxxqwq9fPlXAiY4Obo8ix4xmY?loadFrom=DocumentDeeplink&ts=2333.14)):

Well, in terms that, that, that's my other hat. Okay. So, so that's the hat I wear when I'm talking about breast, which is equally important in for women. But for, for Lobular, it's WW dot Lobular Breast Cancer, uh, Ireland. Okay. Yeah. That's so, or Lobular Ireland. Sorry, lobular Ireland. Yeah. Okay.