

## Karla Daniele, M.D.

### What are the treatments for breast cancer?

0:06

There's three different components of breast cancer treatment, depending on where you're at and stage you're in, the order or the sequence in which you get these treatments may be a little bit different. Also, we recognize that not every cancer is the same or behaves the same. There are specific things that we look for when you first get your diagnosis. Some patients may get to meet with a surgical oncologist like myself first. Some people get to meet with a medical oncology first. But the way I like to present this information to our patients is every provider has their own role of reducing your chances of getting a future recurrence while addressing the problem right now. So let's say a patient that is in their 60s has a relatively small breast cancer that is a hormone sensitive breast cancer that patient would meet with the surgical oncologist first. For those patients, we recommend having surgery up front, meaning either in the way of partially removing that breast, addressing the whole tumor or the whole breast. Some patients do have the option of choosing followed by adjuvant therapies, either in the form of endocrine therapy or chemotherapy based on what we find on surgery, the last piece of it is meeting with the radiation oncologist. Radiation is delivered to the breast, especially when we're considering preserving as much normal breast tissue behind as we possibly can, and that is something that is very effective at reducing your chances of a local recurrence. When we follow the surgery, especially, we're preserving the breast by radiation, we reduce our chances of a local recurrence by about 50% so there's three different providers, three different specialties, but we all work very closely together to treat each patient individually.

### What can you say to people who are concerned about the side effects of treatment?

2:03

Yes. So over the last decades, our advances in cancer care have improved so drastically that now we're very good at treating it and finding a cure, and we're now more in tune into what some of the side effects or long term sequelae of our treatments can be so now our patients are living 5, 10, 20, 30, 40, 50 years. So a lot of our cancer treatments have long term sequelae. And I'm a surgeon, so one of the possible complications of having surgery addressing breast cancer is something called lymphedema. Lymphedema is chronic swelling of an affected extremity. In my case, it's the arms. Anytime we sample lymph nodes, we have the potential risk of developing lymphedema, and that risk can happen at any point, starting on the day of surgery, five years down the line, 10, 20, 30 years down the line, it can happen at any point, and the risk is directly proportional to the number of lymph nodes that we remove. So when we identify cancers in an early stage, we only sample those lymph nodes. That risk can be as low as two to 5% for people with more advanced disease, where we already know, even before we do surgery, that those lymph nodes are involved, then part of the surgery is removing all those lymph nodes, and that risk can be as high as 20% so very drastic. That's why we really try to target in identifying early cancers. Treatments are less invasive with less complications. And again, because that risk stays with you for the rest of your life, one of the things that we do is we're very aggressive at preparing patients after they're done with their surgery for the event that that may develop

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later on. We equip them with education how to recognize it. Obviously, if it does happen, the earlier we recognize it. The early, the easier it is to be treated, so we are very aggressive with our education very early on. Other things are, let's say, chemotherapy. Our chemotherapies have evolved. We now understand the behavior of breast cancer a little bit better, so we can better tailor the therapies for you. But every therapy is a little bit different. It comes with its own sequelae of side effects that sometimes are very debilitating. And because we know how good and effective these treatments are, we want to equip you with anything that we possibly can to make this treatment tolerable. So things that we utilize as adjuncts to your oncology care are what we call integrative medicine options. Those are things like acupuncture. We do know for patients suffering of pain, either because of an advanced cancer or through the treatment plan, if we supplement your oncology care the standard oncology care with acupuncture. We see a vast reduction in the amount of pain medication that you may need. So now we have all these armament areas of solutions to help and make cancer oncology care more tolerable.

### Why is breast cancer awareness so important?

5:19

Breast Cancer Awareness Month is meant to promote screening mammography or looking for breast cancer. So if you have any female in your life that you care about, take October as a month to encourage getting that screening. A lot of patients out of necessity or out of fear of finding things we keep putting things away, and we delay doing mammography, but by the end of the treatment plan the earliest we find it, so before we even feel that lump or have that swelling under your arm, or before we start noticing any changes to the breast shape or appearance, if we find it when we can't feel it, the treatment plans and the options that we have for treatment are far superior to when we have advanced cancer. So Breast Cancer Awareness Month, October, pink month, take your friends, anyone you care for in your life females or any males with predisposition for breast cancer, it's our month to do our part and promote our health to get those screening mammograms.

### Anything else to add?

6:35

You may have friends or family members that are diagnosed with the exact same type of breast cancer at the same stage yet, and they receive the same treatment, yet, you notice different outcomes. So there's a lot of our genetic predisposition that we still don't know and we don't account for, but that's why we have science. That's why we keep doing research to keep evolving and better understand care. But a lot of it is our readiness to accept that treatment. I'm a very strong believer that our predisposition, our own mental health, readiness to accept the treatment, determines our outcomes. You may notice very positive people, even when we have bad outcomes, just shrug it off, and we keep moving. And that just pushes you through care, and you finish that care, whereas more negative focus or centric person may just have one small side effect, and then we stop, and at the end we see, well, we didn't do so good, because that's because we didn't get the full treatment. So part of what we do also when dealing with oncology patients, not just breast cancer, we focus a lot of our resources to behavioral health,

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because we want you to be ready to receive those treatments. If we have any bad news or any adverse effects, we want to equip you with those tools to deal with them as well.