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Speaker 1 ([00:05](#)):

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 in 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 connection 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 enter 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. Dr. Monica Perez is a GP based in cork and has an impressive 49,000 followers on TikTok and 64,000 followers on Instagram, where she gives health advice to her followers. I invited Dr. Monica to join us here today to share her story with our more than alum community, and importantly, to share her advice on being our own first line of defense in knowing the signs and symptoms of breast cancer.

Speaker 1 ([01:24](#)):

Monica. We're so delighted to have you here today. Thank you so much for joining me.

Speaker 2 ([01:28](#)):

Thank you so much for having me on.

Speaker 1 ([01:31](#)):

I know you and I met recently on zoom and we do hope to meet in person in cork over the summer, please. God. Yes.

Speaker 2 ([01:36](#)):

Hopefully.

Speaker 1 ([01:37](#)):

Would you mind telling our listeners a little bit about yourself and I suppose me about what made you choose medicine center as a career and indeed general practice?

Speaker 2 ([01:47](#)):

Whew. <laugh>, that's a long story. So a little bit about myself. My name is Monica Peres, I am Nigerian born and I'm Irish. I moved to Ireland when I was about 15 and I moved mainly cause my mom passed away and kind of come to my other parent. So after that got into medical school, went to Trinity college and then came over to Cork to do my internship and I've kinda been around this part of Ireland since then, which I absolutely adore. Why did I choose medicine? Honestly, I think had to do with, uh, just my mom, my biological mom and the nature of her passing. And I just saw like knowing better after growing up the lots of like, um, when I say things that happened that shouldn't have happened a misdiagnosis and MIS when she got, while she was in Nigeria, I just felt like if I could just, even we make a change to one person and avoid that, that would be, that would be most reward for myself and also in her memory as well.

Speaker 2 ([02:54](#)):

And then I chose general practice because going through college and all the rotations I had despite, um, my love for surgery as well, I just found general practice itself. So a patient as a whole, and I'm not taking that from other specialties, but I just feel like a GP tends to know much more about their patients than maybe their cardiologists that might just know things that just pertain to that person's heart and things that affect their hearts. Me while some GPs, especially like country GPs and the one I met that actually played a huge impact. And I'm sure he does even realize this was a GP in Donegal. That was just literally like he knew everything about that patient, even the name of the dog. That was just, it was just so heartwarming and it, they were just very, very comfortable with them. And I just love that aspect of general practice.

Speaker 1 ([03:46](#)):

Absolutely. And I suppose then TikTok, like you suddenly have become this phenomena on TikTok. Um, I suppose trying to you're instilling suppose, understanding of certain ailments and illnesses and, uh, certain, I suppose your advice to people. Tell us how TikTok and why TikTok

Speaker 2 ([04:10](#)):

TikTok. I say, I owe you my young patients and also my siblings. So during the start of the pandemic, my siblings kind of told me about TikTok I and how it's a thing to be on and stuff like that. But I went on it and I had no clue at all what to do with it. Uh, I didn't know how to work it at all, but, uh, and I was still on Instagram then where, which I was kind of doing a little bit of, like my, the idea of my Instagram was to show that your doctors are humans. And we also have like life outside medicine and just kind of show the workload balance of a doctor. And so just doing that fear from patients. So I have that, but then after my sisters, um, brought that to my attention and then a young patient of mine came in and was talking to me about something he so ticked off and that an American doctor talked about.

Speaker 2 ([04:59](#)):

But the thing that talked about actually, we you'd have it in Ireland. So I was like, oh wow. Maybe this could be a thing. So I started doing little videos on it, as best as I could, I could not dance. So I realized, OK, I'm actually gonna just talk or point cause dancing. I thought I was really good at dancing, but I to the pandemic, no clubs or anything, I lost that skill <laugh>. So after my siblings talked about TikTok, my, uh, a young patient came to me. I was talking about something they saw on TikTok about an American doctor, but whatever was recommended by that doctor wasn't available in Ireland. So I decided, okay, maybe TikTok would be something for the Irish population as well. So I got into that. And then during for the pandemic and a lot of information about the vaccine and COVID itself, I kinda made, uh, when it, and then I was part of actually the United nations team halo, which is a group of scientists, the doctors, uh, that basically share evidence based that is information about the vaccines and COVID in general. So it took that very, very seriously.

Speaker 1 ([06:06](#)):

Oh wow. That's fantastic. And I suppose from my point of view and breast cancer and awareness, you know, what would you take? Uh, there is misconceptions. There is, you know, hence the name of the podcast is more than a lump because we do have eight signs and symptoms that, you know, patients need to be aware of. What would you say to your patients about, you know, what they need to be checking for?

Speaker 2 ([06:32](#)):

Obviously the lump is there. The lump is, is definitely one of the signs, but I always say whenever June is educate my patients that come in and say, they don't know how to do a breast exam. I tell them, okay, not just the lump and not just the lump on the breast. You also have to check the lump in the arm and put the lump on both the breast as well, to see if there's anything around there. Then you also have to look at the breast as a whole, the skin of your breast. Is there a change on that? Does they look what we call a Lin? Um, so OPO in rather so like an orange peel pair, which is such a good comparison because almost everyone knows what an orange looks like. Mm-hmm <affirmative>. So does your breasts look like that? Then I also talk about the size of a breast.

Speaker 2 ([07:14](#)):

Have you noticed that it's a different between the sizes? The breast is it's suddenly grown bigger than what it was before. Then you look at that as well, then you go onto your NLE. So as your Naples, the shape of your Naples, has it changed as they gone in or, uh, is that how it's always been for are some people with, um, um, a dimple NLE? That that is okay, but if it's a new thing, then obviously, you know, that that's a change or so you have been discharged from the Napal. Yes. Some discharges are normal, um, especially in women, but obviously if you're having a constant discharge and you're not breastfeeding, or again, that is something you should get checked out is a bloody, are you a man? Men shouldn't have discharges as well. And also men should also do, uh, um, a breast. And that's something I've been trying to hammer on, on, on, especially on as well, just to say, okay, we all have breast issue just due to hormonal changes. Men don't have as big, big boobs as women, but you still need to check it. Yeah. So I'm so glad I get a lot of feedback on a lot of men. I say, oh my goodness. I actually did not realize I should do that.

Speaker 1 ([08:22](#)):

Yeah, absolutely. We have a, a patient ambassador who's um, 52 now. And he was out running last summer. Um, came in, had a shower, noticed something a little bit strange, crosses his chest, uh, went to the GP. The following Monday GP said, well, go away for a week or two, just monitor it and see how you get on, uh, he monitored it. It was still there. And he has since gone to have a mastectomy.

Speaker 2 ([08:46](#)):

Oh wow. Oh wow. Yeah. It, yeah. And it actually does happen. It really does a good few, uh, number of men that you get breast cancer in Ireland.

Speaker 1 ([08:54](#)):

Yeah. Yeah. And, and I suppose statistically, they tend to be older, but yet this is a, you know, a younger man in his fifties. Um, and of course now his main passion is talking to men and talking to friends and relatives and people, he knows to say, I got it. You know, you too can get it. Everybody does need to be breast aware. We all have breast tissue.

Speaker 2 ([09:13](#)):

Exactly, exactly. Exactly. Yeah. Also I forgot to mention, I suppose, another thing that, uh, to be noticed on the breast when you're doing a breast exam is the rash. You could also have an abnormal rash there, and people tend to forget that a rash could be a form of breast inflammatory form of breast cancer. So

those are the things people should be looking that for. So it's not just a lump on your breast. It's more than a lump.

Speaker 1 ([09:38](#)):

Absolutely. And actually we did a little poll on, um, Instagram and Facebook yesterday just in advance of your, of us chatting. And one of the questions that came back was from a lady who said that she's an unusual bruising on her breast and that should she be concerned?

Speaker 2 ([09:53](#)):

Mm-hmm <affirmative>, I would say she should not be concerned, but she should get checked. There could be a normal reasons why that's happening, but just don't dismiss that change that you've gotten there.

Speaker 1 ([10:04](#)):

Mm-hmm <affirmative> mm-hmm <affirmative> and I suppose Dr. Monica, if somebody is concerned and supposing, they have thankfully, you know, adopted the monthly check, you know, checking themselves monthly and they do spot an abnormal, what is the first thing that they should do?

Speaker 2 ([10:18](#)):

So the first thing they should do is try not to panic. Um, but it's understandable. You should do panic cause not everything you discovered could be breast cancers. It could be what you and the next to pick up the phone and give you GP a call. We do know that there's a lot of GPA, especially in this time, but GPS do tend to prioritize things like this because obviously with early detection, we can, if it is breast cancer, we can obviously do something about it as soon as possible.

Speaker 1 ([10:54](#)):

Mm-hmm <affirmative>. And do you think that, um, in your ex experience that women and I say women, even though we do know that one in 1000 men are diagnosed with breast cancer, but do you think that women, um, are reluctant to come to the GP? You know, that they feel, if it's not troubling me, I'm not gonna really go down that road. I don't really want to face any bad news of any kind.

Speaker 2 ([11:18](#)):

Yes. Uh, and no, uh, I suppose, um, from my experience, it also kind of depends on the type of person and also your family as well. If it's maybe a mom that, um, has some kids and it's also around, obviously a mom has kids or young kids and it's maybe around <laugh>, uh, maybe it's around the Christmas period or maybe around the birthday or wedding or something like that. Moms tend to put themselves before everyone else. And they probably don't say anything to anyone. They push whatever their founder's side. And then they decide, okay, we'll go through the wedding, we'll go through Christmas and then I'll go see the doctor and sort myself out. So I do find that a lot. And although it is understandable, it's just, it's not the right thing to do. Because like I said earlier on with early detection, the prognosis could be so much better. And even if you think, oh boy, only like two weeks or three weeks that could actually make a massive change. So I do find that often mm-hmm

Speaker 1 ([12:24](#)):

<affirmative> and I notice on one of your recent videos, you talk about not just self-checking from a breast cancer perspective, but other monthly checks that we should be carrying out. Can you give us a little bit more detail on that? Like checking glands, et cetera?

Speaker 2 ([12:37](#)):

Oh, yes. Yes. Um, and I was actually inspired by a patient because, um, it was actually a patient that asked me, so what things should I actually be looking for? So yes, our glands because, um, things like, um, our lymph nodes. So around our head and neck, um, sometimes that could be the only scientist swelling around there could be the only sign of cancer that person could have. And by doing these things monthly. So I did a hopefully to be still there so they can find it and literally check around your ears, your jawline underneath your, is it swollen? It's tender. Sometimes you could have like tender, swollen lymph nodes when maybe you have like the Nero infection, but if you don't do a monthly check, you don't realize if that is new or if it's always been that away and stuff like that. Mm-hmm <affirmative>, you could also, sometimes you could feel around your thyroid as well.

Speaker 2 ([13:30](#)):

You could find a lump around that area too. So things like that. So you should check that also other checks that you can do is to check your molds as well. Um, especially for people that have a lot of molds and you know, the ones that maybe, um, you've been told to keep an eye on, check it as it grown in size, as it changed color, is it trays as it even lost pigment as something, some people don't realize that, okay. It used to be dark, but now it's a little bit larger. Is that okay? That is not okay. So get that checked as well. And also is it actually a mold because some people do come into me, oh, I have a mold and it is in a mold. So get that checked out. And if you know that that wasn't their last month, then you know, the timeline of things as well.

Speaker 2 ([14:14](#)):

Mm-hmm, <affirmative> also for men and as well, things that they should also show check is their testicles because testicular cancer is, is out there. And it's usually picked up by men, but you won't pick that up. If you do not check the testicles monthly to note, if there's a swelling or a lump around there as well, mm-hmm <affirmative> and then the breast check for men or women is definitely, um, advisable monthly mm-hmm <affirmative> because then if you know the, all, um, the premise of this is that if you know you are normal, we don't all have one body. We all have things that are normal for us. But if you know you are normal, then you know, when this is abnormal. Okay. And if you come to your GP and tell your GP, this wasn't there last month, obviously I'm not gonna dismiss that. But if it's like, oh, I don't think, I think this has always been there because if it's always been there then, okay, that's fine. But if it's something that it's, it wasn't there last month that should be investigated. So things like that, those four definitely through that monthly.

Speaker 1 ([15:14](#)):

Yeah, absolutely. And it's, it's what we constantly say to people is know you're base normal, what you're dealing with today, and then on a monthly basis, if you check yourself and you notice an abnormality, then you know what, you go straight to your GP because early detection is what saves lies. And that's across everything. As you say, whether it's moles, whether it's St testicular, whether it's whatever you just know your own body, that's what we're trying to empower. Especially women is to know their own bodies.

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Speaker 2 ([15:40](#)):

Yes, absolutely.

Speaker 1 ([15:41](#)):

And I suppose from a broader lifestyle perspective, what would you say reduces your risk of a breast cancer or any serious illness? Um, um, diagnosis.

Speaker 2 ([15:54](#)):

Um, we do know with that, even though it's been harp and Harper and Haron, both smoking. So smoking sensation is very, uh, very important. If you're a smoker, smoking affects your lungs, your heart it's influences some cancers as well. So it's not a matter of maybe I'm gonna smoke maybe like two or three, if you can please stop it. And let also know that secondhand smoking is something. If it doesn't affect you, as you think it is, it might be affecting the people around you as well. So if you take that into consideration, maybe that might impact you quitting your, your, your smoking habit, also alcohol as well. I'm not going, it's gonna tell you good do you about alcohol because obviously we're in Ireland. So, but if you can please limit your alcohol intake because that also plays a factor as well. And then when we try to say, um, maintaining a healthy weight, we're not telling everyone to go to the gym as start lifting weight.

Speaker 2 ([16:52](#)):

We're just trying to encourage people to be as active as we can. If it's your kind of person that enjoy going for work, maybe try and increase your pace a bit. And do even if you do like a fast for 30 minutes a day for maybe like four or three times a week, that is still something that is better than sitting on the couch for that amount of time. So do that other things that you can also do, uh, your diet. I'm not one to tell people to go and eat salads. I'm not, <laugh>, I'm not a fan myself <laugh>, but if you kind of try and incorporate some veggie to your diet, so, and also limits your intake of saturated fat. So things like, um, your sausages and your bacon, which I absolutely love, but I'm thankful that I do this thing because then it's also impactful my life as well. Cause then I'm like, okay, you're gonna have three sausages. Maybe just the ones could our house. And if we were thinking about breast cancer, there is some evidence that actually showed that breastfeeding, uh, can actually reduce the terms of breast cancer. So if there's one reason for, um, and you want to take a breastfeeding, maybe that could be a reason as well, mm-hmm <affirmative> so, uh, so things like that, yes.

Speaker 1 ([18:08](#)):

I've often I've often heard. Yeah. I've often heard with, um, within our community, both online and, and in talking to people that, you know, people say, oh, underwire bras can cause, uh, breast cancer, certain deodorants, you know, you should stay away from, is there any truth in that?

Speaker 2 ([18:26](#)):

There's no enough evidence to show that that it's actually truth. So I think there are some myths some people kind might sometimes relate, um, things to their experiencing. So it could be like anecdotal, um, evidence. But that doesn't mean there's any scientific evidence to prove that

Speaker 1 ([18:41](#)):

Mm-hmm <affirmative> and

Speaker 2 ([18:42](#)):

Suppose we should also know. Yeah. So we should also know that even if we do all those things and we are the most healthier person because can still get breast cancer. So that is why this self check is the most, one of the most important things it can actually do for yourself.

Speaker 1 ([18:56](#)):

Mm-hmm <affirmative>. And I suppose that from our, from our point of view, statistically, we are seeing, um, like 23% of women under the age of 50. So these are women who are shocked that they've had a diagnosis because they're so young. And because there is that myth, breast cancer only affects older women.

Speaker 2 ([19:13](#)):

Yes, yes, yes, yes, yes. And it actually can affect people of all ages, as long as you have breast issue, it can happen. But obviously statistically, it does affect older women. Mm-hmm <affirmative> so, yeah. And then there's some people there's also another misconception that just, cause it's not in my family, they don't won't think about it. Mm-hmm <affirmative> so, uh, that is something, um, that, that is not true because yes, there are some genetic, uh, there's some genetic, um, predisposition to breast cancer, but then you could have breast cancer, even if none of your family members has had it, or yeah.

Speaker 1 ([19:48](#)):

Yeah. Because we now know, even from talking to the teens in the hospitals, like it's 5% are hereditary cases of breast cancer. So 95% of those other cases are cases that just, it just happens. You know? And I suppose one important thing is really is to get women, get everybody just more breast aware, empowering people to take their breast health more seriously. I suppose, understanding what the normal is and checking your herself on a regular basis. Uh, Dr. Monica, I, I recently had last week, had a chat with a patient supporter, Demmy Abedayo was diagnosed with breast cancer in, uh, 2021. She had her surgery of a mastectomy. Um, she's had chemo and radiation therapy and she's due to have her reconstruction over the next couple of weeks. But one of the king things that very evident was, um, her fear and unwillingness to tell family and to talk to the African community about her diagnosis on, uh, religious grounds. Can you tell me a little bit about that?

Speaker 2 ([20:47](#)):

Yes. Um, I suppose I am Nigerian and Demmy sounds Nigerian. Yes. So just from my personal and, uh, cultural experience, I know how it is with, um, medicine and Nigerian. Like even though parents want their children to be doctors, sometimes they do not support the science and religion is always taking first place in everything. And I completely understand what is about that because, um, a lot of people, um, in might feel that you can pray away a lot of things. And this is not me. Um, disputing prayers. It's just that science has come a long way and prayers and science can go hand in hand.

And this is actually one of the reasons that I'm actually very passionate about what I'm talking about, because it's also important to see somebody like me out there online supporting science and also showing that, okay, I am Nigerian. I believe even this, but this actually works. Medicine works. It's in so many things. I can't tell you the conversations I've had with so many people, uh, about even not just breast cancer, even something as simple as taking their contraceptive pill as well. If some arguments

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have had <laugh> even with family members. So I completely understand, and I hope that people sharing their stories. I put things out there, all that flow, um, will reduce the, the effect of, um, culture on science.

Speaker 1 ([22:17](#)):

Absolutely. And I think that's what Demmyi was trying to say is that she is herself, very religious, but she says that religion has a place, but science has come a long way and that we need to trust science. And she feels, she definitely trusted the science. She detected her lump quite early, went straight to her GP and she's now recovering. And she, she praises the fact that science and research has come such a long way. Dr. Monica, thank you so much for being with us today. It's been a pleasure and please God in July, we will get to meet up in person.

Speaker 2 ([22:48](#)):

Thank you so much, so much for having me on

Speaker 1 ([22:51](#)):

The information in this podcast is based on the personal stories of those. We have chatted to. If you are concerned in any way, please contact your GP immediately, or you can contact us at [Breast Cancer Ireland.com](http://BreastCancerIreland.com)