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 Ash 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, and on how breast cancer has informed their perspective on life, love, family health, their goals, and indeed their aspirations.

Speaker 1 (00:51):

Although each story is utterly unique. The one common thread that runs through each one is that breast cancer is more than a lump professor. A hill is the chairman of breast cancer, Ireland, and of the school of medicine at the Royal college of surgeons in Ireland. He's a general breast and endocrine surgeon. And I first met AIE in 2007 when I joined RCSI as director of development over the past 15 years and through the establishment of breast cancer Ireland as its independent charity in 2011. He and I have experienced many great advances as the national advisor for surgical oncology for the national cancer control program. He's also lead clinician with the new breast center located on the Beaumont hospital campus, this center, which is due to open in the summertime this year will cater for over 10,000 cases presented, are you very welcome to more than a lump? Uh, I bet you didn't know what you were letting yourself in for day for your very first podcast, but as always, you're up for a challenge and always there to support us in every endeavor at breast cancer, Ireland, whether it's cycling, running, jogging, and even dancing, you continue to do whatever is needed to raise funds for research and to drive awareness into this awful disease. So thank you I suppose, to get started. What would be very interesting to know is why breast cancer surgery, why surgery as a career path?

Speaker 2 (02:10):

So if I go to why surgery first, when I was very young, I, I always liked doing things with my hands. And, uh, you know, when it came to medicine, I, I thought the results from just medicine, like giving tablets just wasn't quick enough for me. And when you did something surgically, you made it better and you had instant outcomes. And, and that just really appealed to me. So working with my hands and also as a surgeon, one of the most important things you do is decide who not to operate on. Uh, and that's still a really important part of our surgical career. So operating is one thing, but the harder decision is actually not to operate. So then you ask why breast surgery? Well, you know, when I was coming to the end of my career, you, you, you are forced to choose a specialty, uh, because that's the way we've gone in society.

Speaker 2 (02:54):

And in practiced that people specialize in area to get super good and, and be the best at it. Um, so when I was thinking of, uh, what career to go into at the time, you have to think back, there was no screening program in Ireland. There was no centralization, there was no specialist breast services. Uh, there was probably one clinic, uh, in St. Vincent's at the time, which is where I trained, uh, as a student. And I saw, and I thought it was really interesting, but the fascinating thing that got me going about breast surgery was, uh, number one, I loved that there was a lot of communication with patients. So it's quite challenging still to talk to a patient. It's that awful moment of having to tell 'em that they've breast cancer and how you do that. And I still work on other better ways.

Speaker 2 (03:37):

We can do that. And how I, as a, as a doctor can actually make that software and nicer. And then the breast surgery itself, it wasn't as organized as it should be in this country. And as I say, at the time, there was no screening program. There was no symptomatic breast clinics. There was one breast clinic in the country. The, the other side of the whole breast cancer story is the by of breast cancer is something that we can study very well. It's a, an area of research that has huge potential, cuz you've large numbers. It's not a rare tumor that actually makes it easier to understand the science and, but what it needed was coordination and collaboration. That's what I think we've done over the last to years to help our understanding is have a coordinated effort with large number of patients to understand this disease better.

Speaker 1 (04:28):

And I suppose if we look now in today's world in this year 2022, there has been massive advances. I mean, if we look survival rates, they have improved they're up at 85%. We can still do more.

Speaker 2 (04:40):

Yeah. Let me just tell you a little bit more about the advances, because remember I said to you, there was no screening program. There was no symptomatic breast clinic. And in fact, when the final decision as to why I went into breast surgery was at the time, uh, Michael Newan, who is now a, a very elderly, uh, minister at the time was the minister for health. And he announced that he was a breast screening program was going to happen. And that was way back in 1997 at the time. No, actually 1994 when he announced it. And I chose then to go and do a specialist breast fellowship in Memorial Sloan Kettering in New York as the best center in the world, it was a fantastic train opportunity, but I knew, uh, that politically they'd committed to a program and one data would be one. And in fact, I'm very grateful to the screening program, cuz it gave me my first job as a breast cancer surgeon in St.

Speaker 2 (05:28):

Vincents in 1999. And that screening program was fantastic cuz it was picking up early breast cancer and it did the one thing it did was it organized breast cancer services. It was well funded and it made the screen program was really, really well structured and improved the uptake of early diagnosed of breast cancer, which immediately had an impact on survival. We were picking up cancer at an earlier stage, which was just brilliant. And then the spin off of that was that the symptomatic service that's patients who feel a lump or have a symptom that was totally disorganized. And I was working in a system with a first class screening program, well funded and an appalling symptomatic service that there was no funding and no organization. And we took it up upon ourselves, a whole group of clinicians to say, we can't have this. And that led to, you know, the times of when Mary Harney was minister for health and she brought about centralization of breast cancer services.

Speaker 2 (06:28):

And that was really painful, cuz a lot of change is really painful for everybody, but it has a, had a great outcome on improving the quality and the standards of delivery. And it actually forced the government to resource, uh, public symptomatic breast clinics and we've aged them and they work really well now, not everything's perfect, but where we were 20 years ago, this is so much better. We now have organized

care we've standards that people must adhere to. And we've a lot of people working who are actually focused and specialized in breast breast cancer care. So it's been an amazing journey. Uh, things have really transitioned and improved all away. Can we do better? Absolutely. There's always room for improvement. That's what I want to continue to do.

Speaker 1 (07:13):

And do you think we are getting closer to that ultimate aim, which is breast cancer, Irelands of transforming the disease from often being fatal into a long term treatable illness?

Speaker 2 (07:24):

The simple answer is yes and I wish it was quicker. So here we are in 2022. And I will say to you that if we divide breast cancer, it's not one disease, there are a number of them. And if I could tell you about two particular cohorts, the first cohort, which is about 20% of women with breast cancer is those who over express this marker called her two, it's a receptor on breast cancer cells. That's a subgroup, 20% of our patients have this receptor and we have fantastic drugs that now can achieve up to a 70% complete, right? That's wonderful if we could get it to a hundred, that's 20% of breast cancer cured. And I think we're very close to achieving that. We're learning more and more about all these anti her two drugs and how they work and how they're more effective. And that's one particular clinical trial that we're really excited about opening next year, uh, or this year in, in, um, in Beaumont and in other hospitals in Ireland to try and learn more about how we can get that 70% complete response rate up higher a hundred percent is the goal.

Speaker 2 (08:31):

I don't know, will that be in three years or five years, but we're really close to it. And that's one subsection of breast cancer sorted. I hope. And then the other group that's way behind, but needs more work is to triple negative. And if I can explain that term, that's people who have breast cancer, where they don't have any of the three receptors on their cell and they're a separate cohort and we're making progress on that. We're getting better drugs and that'll be the next group, I think, to make real progress on meanwhile, on the other remaining parts of breast cancer, I, I think we are making progress. We're not quite there at saying we've cured it. We've not quite there at saying that it's turned into a chronic illness, but I would say over the next five to of 10 years will certainly recognize that survival will increase more.

Speaker 2 (09:19):

I mean, we talk about for early breast cancer now stage one, we're talking about 95%, five year survival rates. That's pretty good. Um, for those who are node positive 20 years ago, we said it was about a 65, 70%, five year survival. We're up at 85%. Now, obviously you've gotta look at everyone's individual case, but those figures are improving and they're improving for a number of reasons. One earlier detection two better drugs, three a more organized treatment program across the country, sophisticated diagnostic imaging centers where people are focused and specialized on it. What should we be focusing on? I think it's about focusing on clinical trials where we organize and ask important questions with new innovations in new treatments to learn about what improves outcomes for women with breast cancer.

Speaker 1 (10:13):

It's also when we started breast cancer Ireland back in 20 11, 12, 1 of the key things was how could we speed up scientific discovery output and get all that into clinical trial for ultimate benefit of the patient. And I think we are certainly making headway in our specialist, breast research nurses in the designated cancer centers. They are collating and collaborating and building a national bio resource with just fantastic. So the clinicians and scientists can work on their research and the output is there. And we're looking at publications that are definitely increased like 200 fold, which is great. It's now getting that output into clinical trial.

Speaker 2 (10:49):

Yeah. It's about the coordinated effort. That's there. The infrastructure is there the coordinated collection of tissue of blood, um, that we can actually learn faster, cuz if you've got greater numbers, you can learn faster. And that's what we're doing. We've a large biobank of four and a half thousand patients. Um, that's going to allow us to expand our knowledge far quicker than before. So think about 20 years ago, we didn't have that. We do now, so discovery faster, but you know, we're on a really exciting journey. It's about completing it. Yeah. We're on the last lap

Speaker 1 (11:24):

I think. Absolutely. And on that note of excitement, the new breast center on the Beaumont hospital campus is soon to be open. Tell us a little bit

Speaker 2 (11:32):

About that. Well, the design of it is imaging on the first floor clinical exam on the second and on the third floor clinical trials unit, all integrated breast care nurses, administration, the whole thing in one journey. It's also a fantastic facility. We focused on luxury cuz I think I learned this actually way back in America, where I saw a Memorial Sloan Kettering. Uh, at that time Evelyn L came and actually just made the outpatient facilities beautiful. She just put in the best furniture, the best DEC and that's what we've done in Beaumont. We 20 years behind, but we've made a really nice facility cuz I think a woman who comes in with a up under their breast, that journey shouldn't be in a cold clinical facility of a hospital. Shouldn't terrify them. It should be like walking into our living room and it should be nice in a nice environment and that's what we focused on. So I think that's an important thing to, to focus on the individual journey of the patient and try and make it as pleasant as possible. And in fact, if you take the 10,000 women a year to come to the breast center and Beaumont, um, the vast majority over 9,000 are benign and fine. It's the 450 cancers that we diagnose. They're the people, um, that obviously we're all about and that's important that they have a nice journey.

Speaker 1 (12:50):

Sure, absolutely. The last thing I just wanted to ask you a is, is, um, the impact of COVID on breast cancer that you have seen over the last two years.

Speaker 2 (12:59):

So it's very interesting. Our numbers of breast cancer continued an upward trajectory. So breast cancer did not go way due to COVID. One of the unfortunate downsides of COVID is I think there were a lot of people that would just completely ignore breast cancer and was presented a very advanced stage. Now in COVID those numbers doubled more people were scared to come in and present themselves with a

lump and some weight at a very advanced stage. So in that really small category of locally advanced breast cancer, where normally we'd have six to 10 a year, we had about 20 a year in 2020 and 2021. The other important thing that happened during COVID is we still saw patients. We still saw all the people who had symptoms. Some were a little bit delayed and coming, but the number of cancers still increased now that might be due to the, you know, in the region that we serve, the population is increasing.

Speaker 2 (13:51):

So we were up at 425 cancers last year. And I think that would go up again next year. So COVID was very difficult for the staff. There were a lot of staff out with COVID, um, at various times and that made it difficult in the very early days of COVID when it was great nervousness about the safety of operating this in March, 2020, we did decline doing reconstruction, immediate reconstructions. I can tell you that all the women who didn't have the reconstruction at that time have now had them. So we fixed the downsides of COVID. Um, so that was a tough time when we were very nervous about operating on anyone, we knew we had to operate on breast cancer. We did delay some people. We put them on medications to try and delay until we learned that it was safe you for, to operate. Cause it was a very scary time back in March, 2020. Well, we knew nothing about this virus and, and how safe and how dangerous it was, but we've learned a lot got through it and were back on track treating breast cancer as we should. And I think COVID is becoming less prominent. It's not gone away but less problematic.

Speaker 1 (14:54):

And I suppose one of the positives, I remember you saying, um, six or eight months ago was that protocols and safety measures within the breast clinics is absolutely fantastic now because there is no long waiting room lists or people, 60 people in a waiting room it's roll, roll out. It's very, very efficient and very, very

Speaker 2 (15:12):

Safe. Yeah. That's, that's one of the, the good sides of COVID. It made us organize ourselves. You don't have a waiting room with 40 people in it anymore. You actually only have six chairs. So organize yourself and make appointments work on time. So it forced the administration of the, the service to be improve. And, and that's a good thing, a good spinoff on COVID.

Speaker 1 (15:30):

So Ernie, just to include what would be the key messages that you would give to anyone listening today in relation to any abnormality, any of those eight signs and symptoms that we talk about on a regular basis? What should they do if they spot an abnormality? I,

Speaker 2 (15:46):

First of all, don't be scared. See your GP, if you're concerned, go see your doctor, please don't delay, come get looked after in the vast majority of cases, it's about reassuring and that's really worthwhile. Uh, but don't be hiding something come present and we'll sort things out.

Speaker 1 (16:05):

Thank you very much a hill. Um, and just to recap, one of the key things from a breast cancer Ireland perspective is that we would encourage women, um, to download our app, which is free across Android

and apple called breast wear. It sends a discreet monthly reminder to your phone, shows you a simulated video guide on how to perform, uh, breast examination and outlines the eight signs and symptoms. And it is available at breast cancer Ireland, the breast wear app. Thanks million a

Speaker 2 (16:31):

Thank you.

Speaker 1 (16:33):

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.