**ICanServe Foundation**

**Silver Linings 2019**

**BEYOND THE BASICS**

**PICC Room 4**

**SPEAKER : Dr. Francis Lopez**

**MODERATOR : Dr. Gia Sison**

0:52:43 Dr. Gia: Settle down please. I know we’re running very late for this session which is probably why the others are still on their way. But I think we should start din doc and then just wait for the others to just come in. Ok. I’ve been given the privilege this morning of introducing a very handsome doctor. He is going to talk on Beyond the Basics: Breast Cancer 101. The objectives of this session are to discuss multi-disciplinary management of breast cancer, surgery, chemotherapy and endocrine and radiation therapy, follow up care after treatment then relapse disease.

0:53:32 Dr. Gia: Dr. Francis Lopez is a medical oncologist and hemathologist practicing in 2 hospitals in Metro Manila. As head of St. Luke’s Medical Center Global City’s Bone and Marrow Transplant Unit as well its Stem Cell Center, he pioneered mismatched stem cell transplantation in the Philippines. His leadership has benefitted patients without a complete matched sibling donor, giving him a greater chance to proceed with treatment. Wow! Oh sorry. Dr. Lopez is a long time, loyal volunteer-doctor for ICanServe. He has led his expertise as a regular speaker and in training numerous local government unit medical teams for ICanServe flagship project, Ating Dibdibin. Ladies and gentlemen, Dr. Francis Lopez (clapping).

0:54:26 Dr. Francis: Thank you, thank you. Magandang tanghali po sa inyong lahat.

Audience: Good afternoon.

Dr. Francis: Gutom na po kayo?

Audience: Ok lang.

0:54:39 Dr. Francis: Ok coz we will give you food for thought today no? Since we’re running out of time, nung nag-usap kami ni Kara Alikpala, she wanted me to talk about everything about breast cancer. Eh, hindi naman pwede yun na masyadong malawak. So… we narrowed it down to Breast Cancer 101, but she wanted me to really focus on follow up care and metastasis no? I think this afternoon, there will be a lecture on Breast Cancer 101, if you want to attend that. And I think most of you here in the room have already been diagnosed with or have already been treated no? So I will just go through the slides very quick and focus more on follow-up care and metastasis no?

0:55:26 Dr. Francis: So treating breast cancer is a multi-disciplinary approach and you’ve heard that earlier. And you keep on hearing it. Kasi maraming doctor involved and not only doctor. Maski mga nurses, nutrionists, etc no? Even psychiatrists, psychologists for me are very important. Kasi kung minsan, nagta-talk na ako, objectives lang pala ako. Ok next. Follow-up care after treatment and relapse or Stage 4 disease. I will try to allot more time for Q&A, I love Q&A coz that’s the time when we share no?

0:53:03 Dr. Fancis: Sa surgical treatment, mabilis lang ho ito. First, you can have a choice of lumpectomy. Lumpectomy tinatanggal lang yung bukol nun. If you have a lumpectomy, you must, you must, you must have radiation. Hindi ko pwedeng lumpectomy tapos sasabihin mo, “Ay ayoko ng radiation.” Hindi ho yun pwede because the relapse rate is very high. And that should be explained well by your surgeon before you agree to have that done.

0:53:60 Dr. Francis: Next is the mastectomy, the modified radical mastectomy and dun tinatanggal na yung mga kulani as you can see in the cartoon. And aside from the surgery, what is very important is to determine ung tinatawag na estrogen receptor and progesterone receptor no? So ito isang diagram na nakikita natin yung, yung estrogen receptor at yung estrogen goes to the receptors and that stimulates the breast no? And if imagine that is the cancer cell and you are still producing estrogens or progesterones, nasi-stimulate yung cancer cells. So for those of you who are ER or PR or ER and PR positive, binibigyan ho kayo ng Tamoxifen which is now given for 10 years or if not, you are given a choice of Aromatase Inhibitors no? which I will discuss later.

0:57:27 Dr. Francis: Then there is another test that is important to check which is called the HER2 NEU. Lahat ng cells ng katawan ho natin may HER2 NEU. It comes from the DNA. So kung nakikita natin dun sa taas, yan yung normal, yung dito ho sa baba, hindi na yan normal. It’s over expressed. And when you have Her2 Neu which happens 25% of the time, the cancer cell is aggressive. Ano ba ang role ng Her2 Neu sa cells natin? It tells the cells to divide and not to divide or tells the cells mamamatay ka na. But if it is mutated, kung present siya, hindi na alam ng cell. So tuloy-tuloy siya nagdi-divide no? So there are now 2 medicines that are being given for prevention and that is the Herceptin and the, now the Perjeta no?

0:58:22 Dr. Francis: And then after you have the surgery, there is now the staging. Stage 0 kung Ductal Carcinoma in Situ. Then you have Stage 1, Stage 2, then Stage 3 and Stage 4 kung kumalat na sa ibang parte ng katawan.

0:58:41 Dr. Francis: Ok, so after you have your surgery, then your surgeon will send you to a medical oncologist. Sometimes baligtad naman yung proseso. Nauuna kung minsan yung chemotherapy then after the chemotherapy, kung lumiit na yung bukol then one can have the surgery. It does not make any difference. Yung outcome pareho lang po. So one will decide kung kailangan ng chemotherapy or hormonal therapy or kung kailangan yung dalawa. And the rationale kung bakit kailangan bigyan ng chemotherapy or hormonal therapy kasi there is a chance na meron ng mga cancer cells na nag spread na at hindi ho natin alam yun. Maski anong scan gawin natin hindi natin malalaman yun. And so to prevent that and hopefully increase your chances of survival, you are offered chemotherapy and or hormonal therapy.

0:59:44 Dr. Francis: So chemotherapy, alam na ho natin yun, binibigay yun sa swero. It’s an ID drug and there could be a combination of 2 drugs, combination of 3 drugs, 4 cycles, 6 cycles, 8 cycles depende na ho yun sa doctor ninyo no? kung ano ang ibibigay. But ako, from my own personal practice, my rule of thumb is – if it’s more than, if the lymph nodes are involved, I tend to give more. If there are no lymph nodes involved, I tend to give at least 4 kung kailangan ng chemotherapy.

1:00:22 Dr. Francis: So some of you are familiar with medicines Taxol, Paclitaxel, Taxotere, Doxorubicin, Cyclophosphamide, ayun those are the usual drugs na binibigay ng chemotherapy. And if you are a Her2 Neu positive, then we usually give the Herceptin no? And now with the new data, sinasabayan ng Herceptin ang Perjeta so that’s 2 medicines. They are from Roche and we have assistance program and you can always apply for the assistance program para mas mura yung gamot. So this is a picture of a Herceptin. It’s a actually a monoclonal antibody no? So these are more of a targeted na tinatawag na targeted chemotherapy. Kasi dumederetso na sila sa mga Her2 Neu positive. So it’s only given for those who are Her2 Neu positive.

1:01:17 Dr. Francis: Hormonal Therapy, so if you are ER or PR positive, you are advised to take the… it’s not really hormonal but anti estrogen medicine no? Because it blocks the receptors, if you are taking Tamoxifen. And if you it’s an Aromatase Inhibitors, it prevents the conversion of your male hormones to your female hormones. So maski post menopausal na kayo, you are still producing estrogens but in a very small dose. So yung mga Aromatase Inhibitors, we have 3 out there in the market namely yung Anastrozole, gagamitin natin yung generic para wala tayong ano sa mga sponsors natin. Anastrozole… Letrozole at Exemestane. So those are the generic of your Aromatase Inhibitors. Yung pag bigay ng Tamoxifen is now 10 years. Hindi na ho 5 years because they found out that after 10 years of taking Tamoxifen, the risk of relapse after 10 years was less than those who took Tamoxifen for 5 years. So ngayon 10 years na ang Tamoxifen.

1:02:37 Dr. Francis: Yung Aromatase Inhibitor, you can take it for 5 years or you can have a combination of both Tamoxifen for 2-3 years and Aromatase Inhibitors for 2-3 years for a total of 5 years. In my own personal practice, if it’s a pre-menopausal woman, patient, I start off with Tamoxifen and I just tell them to finish 10 years no? There is no data saying that you should take it more than 10 years.

1:03:07 Dr. Francis: So eto, nakikita ho natin yung Tamoxifen umuupo na dun sa receptor so the estrogen cannot anymore stimulate the receptors. Eto naman, makikita natin down in the diagram where you’ll see the Anastrozole, even if you are a woman, you are producing male hormones called Androgens and the Anastrozole or Letrozole, Exemestane, they block the conversion to the female estrogens. So kung post menopausal kayo and I check your blood, meron pa rin kayong estrogen pero konting-konti lang. But if you take Anastrozole or any of the Aromatase Inhibitors, that level of estrogen bumabagsak ho yun. So that is one reason why we will go later on, one of the complications of taking Aromatase Inhibitors is osteo, bone, bone stiffness, joint stiffness and osteoporosis.

1:04:12 Dr. Francis: So Radiation Therapy. The standard recommendation for radiation therapy is kung ah… your tumor is more than 4 cm and if you, I’m sorry more than 5 cm and if you have 4 or more lymph nodes. But now meron ng mga studies showing that if you are, if you have high risk features, you can still get radiation at nakakatulong din yun sa surviving, over all survivor, survival ninyo. Some radiation oncologists or medical oncologists recommend that, some do not because the date is not yet very solid. The data is coming from, more from Europe than from the United States. So halimbawa, Stage 2 kayo wala kayong kulani no? Pero Her2 Neu positive kayo tapos histologic grade 3, tapos may lympho vascular invasion, medyo malaki yung tumor, 3.5 cm, you might want to consider having radiaton even if you do not fit that criteria of 4 cm and 4 or more than 4 lymph nodes. So if you have, if you have lumpectomy, definitely you need radiation. And the radiation takes several weeks. Ususally it’s painless pero nasusunog yung balat ninyo as probably some of you may have experienced. So you ask your radiation oncologist, usually may mga magic tricks sila to give you some lotion to apply no? before and after the radiation.

1:06:03 Dr. Francis: So this is just a picture which probably some of you had already undergone radiation, how a radiation machine looks like no? Ayun, we’ll spend more time here in follow up care as baka magalit si ma’am Kara sa akin and next time hindi na ako ma-invite dito sa ICanServe (audience laughs). Magtatampo ako. So ito ang sasabihin ko sa inyo, yung follow up care is taken from the National Comprehensive Cancer Network or yung NCCN Guidelines para hindi niyo sabihing nambobola ako no? This is free. You can go into this… webpage no? NCCN Guidelines and I think when you look at it, there are also for doctors and there are also for patients no? Hindi ko pa nakita yung mga for patients pero I would like to presume it might be more understandable or more for the lay no? So we will go through each and I will explain no?

1:07:01 Dr. Francis: So yung NCCN Guidelines are, is a guidelines na ginawa ng mga maraming insitutions sa or cancer centers or espesiyalista ng breast cancer sa Estados Unidos and they meet every year and they, they review the data. Anong ibig sabihin ng review the data? So maraming mga clinical trials kung naririnig ninyo ung mga clinical trials no? When the clinical trial becomes positive or, or mas ok itong ginawa nila sa grupong ito, umiiba yung recommendation na. So if you were my patient 10 years ago, I would have told you 5 years of Tamoxifen ok ka na. Or if you were my patient in 2003, ok na ang 5 years of Tamoxifen. But because of that study that came out around 2013 or thereabouts, hindi na ok ang Tamoxifen for 5 years. That’s a very, that’s inferior. So dapat Tamoxifen for 10 years. Yan yung ibig sabihin nun. And so this body, they will continue to review ano ang mga bagong data lumalabs every year and then they update it.

1:08:15 Dr. Francis: So number 1, you should be seeing your doctor 1 to 4 times per year. Ideally, every quarter for the first 3 years. Every 6 months for the 3rd and 4th year and yearly thereafter. Bakit? Because the risk of breast cancer coming back is highest during the first 4-5 years. After that, the risk goes down but it never goes down to zero. So make sure when you go to your doctor, ine-examine kayo hindi lang kayo kinakausap no? At kung ine-examine kayo at sinabi ng isang pasyente parang nagpi-piano daw ako kasi maski dito kinakapa ko. Because breast cancer can come back here in your collar area and dito sa singit rin no? and especially in your mastectomy area, or lumpectomy for that matter, it can come back in the skin. So lahat yan dapat ine-examine ng doctor. And of course to find out if there are any complications from your medications whether you’re taking Tamoxifen and or Aromatase I’m sorry, or Aromatase Inhibitors no? And also you have to tell your doctors kung ano ung mga simptomas ninyo. Halimbawa, sumasakit palagi yung ulo ninyo. Of course that might make the doctor think na yung cancer ninyo baka lumipat na sa brain ninyo. Or sumasakit yung mga buto-buto ninyo, persistently to make you think baka may bone mets or nahihirapan huminga or palaging umuubo, that might prompt your doctor to do a chest xray to find out kung kumalat na yung cancer sa ibang parts ng body.

1:09:54 Dr. Francis: Number 2. Dapat sabihin ninyo da doctor yung periodic screening for changes of, in family history. That’s important no? Kasi, halimbawa no? meron akong pasyente na yung nanay who is 70 plus nag breast cancer, a few months later the daughter was diagnosed with breast cancer no? So dalawa na sila sa pamilya so it might be good that they undergo genetic testing uli kasi dalawa na sila no? Or meron kayong pinsan or yung tita ninyo nagka breast cancer or yung nanay ninyo. So you have to tell your doctor and your doctor should guide you kung kailangan gumawa nan g breast cancer genetics screening. Mula… it’s usually done abroad, there is only one, there are a few centers where the specimen is sent abroad. But in the Philippines, I think High Precision if I am not mistaken, will send the specimen abroad and you can have it checked no? This is usually what we call the BRCA1 or the BRCA2. Also kung if you’re talking about that kind of genetic inheritance, kasama rin ang lalaki, prostate cancer. So it’s prostate, ovarian and breast cancer. That’s the cluster for the BRCA1 and BRCA2. So dapat alamin ninyo yung mga kamag-anak ninyo whether it’s the direct line or horizontal no? kung meron rin silang ibang cancer.

1:11:25 Dr. Francis: Post surgical management. Educate, monitor and refer for lymphedema. So the more the lymph nodes are removed, the higher the chances to develop lymphedema no? I was asking earlier, Mina was accompanying me if there is any booth here that is sponsoring lymphedema, wala naman no? So sana next time meron because there are some hospitals already in Metro Manila that they have lymphedema specialist no? How to help reduce the lymph, the edema no? kung, kung meron no?

1:12:00 Dr. Francis: Number 3: Imaging. Definitely you should have a mammogram every 12 months. Because having breast cancer already increases the risk of having a breast cancer in your lumpectomy breast or if not in your other breast. So definitely, do not miss a mammogram and if you are a high risk of having breast cancer. So 2 examples no? Kanina kinukwento ko na yung isang pasyente, she was diagnosed in 1997, I gave, she was triple negative, I gave her chemotherapy and she’s so far for the past 2 years free from cancer. And when she did her mammogram and breast ultrasound, meron nakita no? Bumalik sa kabilang breast. Pero it was ER positive, PR negative, HER2 Neu negative. So iba na yun. The first one was triple negative. The second one may hormone receptor positive. So I told her, tinanong niya sa akin kumalat na ba dun sa kabila. I said no. That’s what we call a second primary. So if you have a breast cancer, you are already prone to having a second breast cancer, that already increases your risk.

1:13:30 Dr. Francis: Breast Ultrasound, ok medyo controversial ito kung mahilig kayo ng mga controversies. So controversial ito. Breast ultrasound is not really recommended no? kung meron kayong mga kaibigan or mga pasyente ko na galing sa America, usually it’s just a mammogram. At result ng mammogram nila simpleng-simple lang. Your mammogram is normal and it doesn’t show any malignancy. Please follow up next year for your regular mammogram. Dito magbasa, binabasa yung mammogram ang dami-daming sinasabi. And then at the end, they will say please do breast ultrasound. So ginagawa na namin sinasabay na namin yung breast ultrasound sa mammogram kasi nagagalit yung pasyente. Kasi nagre-recommend yung, nagre-recommend yung radiologist, please do breast ultrasound tapos mag-a-appointment na naman. Pipila na naman tapos bakit gusto na ng breast ultrasound. So hindi na nakakatulog yung pasyente. So what we do is we already order mammogram and breast ultrasound. But technically and if you look at the guidelines, there’s no mention even there about a breast ultrasound no?

1:14:41 Dr. Francis: So Routine Imaging of reconstructed breast is not indicated. Eto yung pinaka controversial na follow up care. Screening for metastasis. In the absence of clinical signs and symptoms suggestive of recurrent disease. So halimbawa, pumunta kayo for follow up, do you have any headache? No. Do you have any bone pain? No. Or yes doctor kung minsan meron dito sa balakang pero nawawala naman. How often? Once a month or ano. Usually hindi yun no? Are you short of breath? Are you coughing? Hindi. Do you have any abdominal pain? OK wala. Oh ito mammogram ka lang. You don’t need to do anything ok. And I will explain why. There is no indication for laboratory, oh yun laboratory, controversial rin. “Doctor bakit yung kaibigan ko may CA15-3? May tumor marker? Ako wala.” Yan… or imaging studies for metastatic screening. Ok. To answer the comment number 1, why this was the recommendation, probably there was no study really showing improved survival. Whether isa, dalawa, tatlo, apat, 3cm, 2cm, 1cm basta bumalik sa baga, sa atay, sa buto, it’s not anymore curable. It is actually prolongation of lfe. So that’s why they always recommend mammogram because maski bumalik sa same breast or bumalik sa kabilang breast, it is still curable. You just have to go through the whole process. But once it has spread, it is already automatically not curable. But prolongation of life. But some patients can have Stage 4 breast cancer and live more than 10 years no? Because not all breast cancers are the same. There are some that are aggressive. And there are some that are not very aggressive no? You put them back on Tamoxifen and they can be on Tamoxifen for 5-6 years tapos ooops nag-po-progress na naman. Oh di lumipat ka sa ibang gamot. And there are now new drugs. I don’t know if some of you in this room are taking Ribociclib for a Stage 4 cancer and there are more medicines coming out now that can control a Stage 4 disease no?

1:17:02 Dr. Francis: Doing a tumor marker does not guarantee you na… wala kang cancer. So if you do your CA15-3 and you know the range is very high, it’s up to, correct me 30, 40? Yung range niya. So kung normal, ay normal ito, wala akong breast cancer. That’s not true. You can already ah… small lesions in your lungs that are already breast cancer but your tumor marker can still be normal. So personally, I do not recom, I do not do tumor markers. Some of my patients are here. I do not do tumor markers on my patients but I do tumor markers if they are Stage 4 kasi yan yung ginagamit ko to see if they are responding to the treatment that I am giving. But some patients they want to do tumor markers, ok lang. But do not be complacent at sabihin mo, “Ay normal ang tumor marker ko. So ay therefore I do not have breast cancer.” So that’s not, that’s not true no?

1:18:04 Dr. Francis: Ok. Next question would be doc, sa totoo lang majority of my patients wants something done to reassure them psychologically perhaps then of course medically na wala, wala, hindi bumalik yung cancer. Ok, maybe I can count… as I always tell my patients 5? Around 5 patients na ayaw talaga nila magpa yearly tests, hihintayin na lang nila kung bumalik. And they will deal with it when it comes back. But otherwise, they don’t want to have any tests no? And again, I respect their decision. Ako naman, bilang doctor, I give all the options kasi ayoko sasabihin ng pasyente sa akin “Why didn’t you discuss that with me?” And at the end, they will blame me for not requesting no? So your yearly, your yearly test could be as simple as a chest xray, ultrasound, bone scan and as expensive as a PET CT scan every year no? Sometimes there could be advantages and disadvantages sa totoo lang. I’ve had 2 patients na bumalik yung cancer sa atay. And resected the liver and gave again chemotherapy. It was 3 years after she was diagnosed, bumalik yung cancer sa atay. Ni-resect namin yung atay, binigyan ng chemo. 7 years fast forward or 8 years fast forward, she’s still alive no?

1:19:30 Dr. Francis: Another patient, relapsed in her lung. I think more than 5 years after her treatment. We removed part of her lung where the nodule was, gave her again treatment and it’s now 2 or 3 years after that and we’re still ok no? So there’s advantage of being aggressive in monitoring coz sometimes you can catch it when it’s still small and one and we can still be very aggressive in being, in the treatment. But again, if you read the guidelines, honestly, wala yun sa guidelines but there are some, some of us who are very aggressive and we try. But with the knowledge of the patient na magpatanggal kayo dun sa atay, there is still a chance it will come back in other parts of the body no? And it has to be stressed to the patient no? I was talking to one liver specialist in Makati Med, surgeon. When she trained in Singapore, she told me in Singapore, they do that no? They do, tinatawag yung metastasectomy or they remove the metastatic site. Alam ninyo ginagawa yun sa colon cancer, ginagawa yun sa sarcoma and other tumors. So the whole question is, why don’t they do it in breast cancer? And right now we have better medicines no? to control recurrence of the disease no? So maybe this, this information walang, walang study na ginawa. And maybe number 2 this was still an old, if you go back to all the NCCN guidelines, this has always been the recommendation, because there is probably no study being done to look at it – ung the role of metastasectomy in breast cancer. Ayun… and if you are in the States, hindi babayaran ng insurance yung PET CT Scan kasi wala sa guidelines.

1:21:24 Dr. Francis: Endocrine Therapy. Yan. Assess and encourage adherence to Adjuvant Endocrine Therapy no? So there are some patients, so let’s take one at a time. Ayun muna. Women on Tamoxifen need an annual gynecologic assessment every 12 months if uterus is present. So when you go to your OB, ususally they order a trans-vaginal ultrasound to see kung kumakapal yung lining of the uterus no? Kasi Tamoxifen can cause thickening of the lining of the uterus no? So if that’s the case, kailangan iraspa and you have to decide especially if that was the reason whether to shift to another medicine no?, Aromatase Inhibitor. Women on Aromatase Inhibitor who experience ovarian failure, so naging menopause na kasi 48 na, tapos nagchemo, tapos biglang nag menopause na yan, they are, they are candidates to take the Aromatase Inhibitors. And we know very well that one of the side effects of the Aromatase Inhibitors is bone stiffness and it can also cause osteopina, osteoporosis. So ako I always order a base line bone density. Now if you’re, yan ako yung nagdagdag na lang yun, check Vitamin D and Calcium level. I always do that. Because I’ve noticed that mga Pinoy ayaw mag, pumunta sa araw kasi iitim so mag Vitamin D na lang. So I check the Vitamin D level and most often than not, mababa. So they have to take supplements no? Yung, yung Calcium, ung Caltrate and Caltrate Plus has a very lowa level of Vitamin D. You have to get a higher dose kung masyadong mababa. And if you have Osteoperosis, you will need any medicine to help rebuild the bones, yung mga biphosphenates. So they can come in tablet form. They come also now in injection form, na yung Prolia. Naku, nag-a-advertise ako dun. So yun ung mga gamot nay yun no? or the table forms.

1:23:35 Dr. Francis: So that’s important no? At least do a bone density every 2 years. Hindi naman kailangan every year no? Every 2 years is fine especially for those on Aromatase Inhibitors, check your Vitamin D regularly, go under the sun, tapos exercise, mamaya na yan. Ayun! Sa next line pala yun. Ok. Evidence suggests that active lifestyle, naku yan yung pinakamahirap no? Nag e-exercise ba kayo? “Doctor hindi kasi umuulan.” (Audience laughs) “Doctor kasi masyadong mainit.” So ang hirap no? Show of hands, who regularly exercises or when you say exercise may talagang devoted time na everyday I will exercise? One… sigurado ah, (audience laughs) baka telling a lie kayo ha. Ok, oh very good. Because I think there have been several studies already. I would like to say 3 or something, randomized ibig sabihin ng randomized, itong grupong ito huwag kayong mag exercise. Itong grupong ito mag exercise kayo. Exercise even means just simply walking 40 minutes a day, 5 times a week, minimum. And they noticed there was a decrease in recurrence of breast cancer. So exercise really helps not only reduce the risk of breast cancer but also for your heart and etc, etc. no? So… yeah… So kung minsan nahihiya yung pasyente, “Do you exercise?” Biglang gumaganon na yung pasyente. (makes a sound) (audience laughs) Alam ninyo nung, nung nagte-train pa ako sa America, yung mga sales lady during their lunch time, they put their rubber shoes and they start exercising inside the mall kasi especially winter, malamig. So sa mall sila nag e-exercise, mahirap lang dito kung sa mall kayo mag e-exercise, kakain kayo. So huwag, huwag sa mall no? But it would be nice kasi kung air conditioned ang mall, you can just walk no? Or there was one patient sinabi ko, “Why don’t you walk going home?” No? You take, you commute when you go and if your, if your house or your place is 45 minutes away from where you work, why don’t you do that already as your exercise when you, when you go home?” No? And then exercise will also help you sleep better no?

1:26:03 Dr. Francis: Healthy diet. Ayun no? I really don’t recommend any diet no? And if you, and if you want any particular diet, there are I think 2 sessions. There’s one session going on right now and I think 2 sessions this afternoon about diet no? If you are estrogen receptor, I just say try to avoid estrogen rich food as much as possible. Eat a balanced diet, a lot of fruits and vegetables. Maybe avoid meat. Low fat diet and that’s really much about it no? And, and maybe I, and that is my recommendation it’s because I’ve seen, I’ve seen healthy people all their life and then they get breast cancer. And you see obese and non healthy people and they never get cancer. So please try to explain to me why you have to avoid sugar no? When you eat sugar, by the time that sugar gets into the micro environment of the cancer cell, iba na yun no? It’s totally different. Why do I have to take alkaline water? Pag inom mo ng alkaline water, pagdating lang sa tiyan, normal na ang PH nun. Kasi that’s the role of your stomach to normalize the alkalinity or the acidity. That is the job. So pagdating sa blood stream, normal na ang PH, hindi na yan alkaline. Baka duon sa petri dish ok. Paglagay mo ng alkaline water sa cancer cell lines and sa tube, namamatay no? But by the time, by the time it gets into your blood stream it’s a normal PH already and that’s the job of your stomach and your intestines no? before it gets absorbed. That’s why yung nagsu-suicide at umiinom ng muratic acid hindi na kaya ng tiyan yun no? kaya, kaya namamatay sila no? But if you’re taking alkaline water, you’re taking high dose of Vitamin C which I don’t see, by the time it gets to your stomach ano na yun no? And then the, the excess of Vitamin C inihi mo na no? So that was one of the lectures we had in Bio Chemistry so I will never forget that no? na iniihi mo lang yung mga excess vitamins which you can get in fruits and vegetables no?

1:28:17 Dr. Francis: Maintain, ayun… naku ito pa. Maintaining an ideal body weight. Doctor ang sarap kumain. Ayan. Ok. Talagang mahirap no? As we get older and I must admit as we get older, our metabolism slows down. So what you were, the same quantity that perhaps you were eating 5 years ago and you’re now, you’re eating now and you already gaining weight no? So that means we go back. We need to exercise some more no? to maintain that body weight. Of course siyempre may cheat days naman no? May lead to optimal breast cancer outcome. So basically what the NCCN Guidelines is telling you that these are, these are the recommendations that have been proven in clinical trials already. Namely, exercise, healthy diet which means you eat a lot of fruits and vegetables. The more the color, the better. Limit the alcohol, what is alcohol, sinong umiinom ng alcohol dito? Wine… yeah. They just say at least one glass ano? Tapos yung next question, “Doctor one glass ano, puno ba yung baso or kalahati lang ba yung basong yun?” (audience laughs) So I think the recommendation is 30ml, so konting-konti lang yun. 30 ml. Ma’am di ba kaya, isang ganun lang 30 ml, parang dalawang, 30 ml, dalawang kutsara lang yun, oh 30 ml na yun. O sige, pwede nang 60 o apat na kutsara ok.

1:29:48 Dr. Francis: Communication. Coordination of care between the primary care provider and the specialist is encouraged. Dito naman sa Pilipinas wala naman tayong primary care doctor. You go straight to your, you go straight to your oncologist or if you go straight to your surgeon, if you are, if the surgeon is the one following up no? following you up no? Additionally, a personalized survivorship treatment plan including personalized treatment summary of possible long term toxicity and clear follow up recommendation is recommende. So you go straight to your own medical oncologist so… your medical oncologist will be the one to, to deal with that. So if you’re taking Tamoxifen, you always have to make sure about the, the lining of the endometrium. If you are taking Aromatase Inhibitors, you have to be aware of your bones. What else? If you are taking Herceptin, if you’re Stage 4 and you’re taking too much Herceptin, maybe it’s time to check your heart, your 2D Echo because it might affect that. And then there are some chemotherapies like Paclitaxels, your Taxols that can cause neuropathy and sometimes it doesn’t go away no? Even after how many year, andun pa rin yung… ilang minutes na lang? Ha? I should finish up already. Ok. Ayun…

1:31:14 Dr. Francis: Patients frequently require follow up encouragement to order or improve adherence or to ongoing screening and medication adherence no? Metastasis. So nakikita ho ninyo dito sa drawing na yung cancer cell pwede hong pumasok sa blood vessel. So sometimes, one of the bad features when you read your pathology report, if it says lympho vascular invasion positive is not good. That’s a bad feature kasi it’s telling us na pumasok na sa blood vessel at nakita na yun sa microscope no? So once pumasok na yun, then it can spread to any part of your body, the brain, the lungs, the liver, the skin. I have patients with skin metastasis or to the, to the bones no? This is my own take. I got it from the NCCN Guidelines and I just narrowed it down.

1:32:10 Dr. Francis: Number 1: I think maybe not, first when you learn that your cancer has spread, it must be a shock no? na Stage 4 ka na. Ganun. But eventually once your mind has settled down or you’ve gone to the whole DABDA – from denial all the way to acceptance, I think you should sit down with your self, number one. Sit down with your God, number 2. Sit down with your husband, if you still have a spouse and with your family. And what is my goal? What do I want? I am Stage 4. This is not curable. It is very aggressive after 2 years, bumalik na yung cancer ko. That’s already telling you it’s aggressive no? It’s a different thing kung bumalik siya after 10 years, 15 years, that’s a whole different issue. Maybe that is slow growing no? But you have to have a goal no? and if you allow me, it’s not a nice story but we have, as oncologist to deal with it no? And maybe through all these years have come to learn how to deal with it so I don’t get emotionally affected by it anymore. But I sit down and I ask them “Ano ba ang goal natin dito? Do you want quality of life or quantity of life?” Some don’t want to go back to chemotherapy already it’s because they’ve experienced chemotherapy. “Oh sige hormonal therapy na lang tayo.” So… which I jumped first. Recurrence of disease should be biopsies to find out for example if you are ER PR before, ito pa ba ay ER PR ulit no? So you can go on with, maraming mga gamot na pwede namang ibigay no? ngayon. So you have to set the goals and I think, as I tell my patients, I’m a very democratic doctor. You tell me what you want so that I can think of something that we can work together. And I’ve had 2 patients and they said, “Doctor ayoko na talaga. I’ve tried my best and my family knows. I will see you when I see you.” Sabi ko, “Sige, ganun na lang you just come and make an appointment when you need anything.” “And then when it’s time, you just tell me and then I will come in to the hospital and just make sure I am comfortable.” And I’ve had 2 patients this past year. And that was their thinking no? Medyo sad but these are some realities. But I think you really have to be comfortable with your doctor and you have to know what you want for yourself. Kasi kung hindi mawawala kayo with your doctor and the patient no? The doctor, ito aggressive, tapos humihina-humihina kayo from the chemotherapy no?

1:34:46 Dr. Francis: Imaging, what I tell my patients, sometimes ayaw nila scan nang scan, scan nang scan, ayaw nila, sawa na sila sa scan. So that’s the time when I just do the tumor marker. If I notice that the tumor marker is going down then I know that perhaps the medicine that I am giving is working. Ok? So in summary, breast cancer reduandant ito ha. Breast cancer is a malignant disease. Yeah it is… (laughs) so there is no single identifying cause of breast cancer. Risk factors may increase the chances of getting breast cancer. Mammography and self breast examination done regularly can detect breast cancer in the early stages, hence a better chance for cure. Na-delete ko yung isang slide ko. Ayun, a multi-modality treatment or approach is often needed to treat breast cancer. Be informed and know your options. Don’t be afraid to ask for second opinions, read and ask and I think at the end of the day, who you choose, your oncology, your surgeon, you have to be comfortable. Because you will be working together no? Read and ask for help no? And that’s why you have this support group and you can start asking questions amongst yourselves. And I think that ends my talk. I am more than happy to, ilang minutes na lang? For Q&A? Ano daw 10 minutes daw for Q&A. Yes please. Just go to the mic po, oo. Ma’am, would you want to lead… Ok, yes po? Go ahead.

1:36:26 Q1: Yes Doc, I’m your patient.

Dr. Francis: Yes.

Q1: In 2008, it was a negative, just Her2 positive…

Dr. Francis: Correct po.

Q1: … and 2 negative. So we did not have chemo…

Dr. Francis: Correct po.

Q1: Herceptin which was unorthodox because Herceptin is supposed to include a chemo medicine.

Dr. Francis: Correct po.

Q1: But I did well, you gave me 18 cycles and I had 7 years and Arimidex for 5 years. Now I wonder, if I went through 10 years of that, wouldn’t it have recurred because it recurred after 7 years to the other breast. So Hercep… Arimidex is what? Is that the same as what Tamoxifen? No?

Dr. Francis: No. Arimidex is an Aromatase Inhibitor and it’s usually given only for 5 years.

Q1: Yes but I had only about 7 years, 5 years and then it recurred after 7 yesars. It went to the other breast. And it became a primary. It was not metastasis. It is a primary.

Dr Francis: Second primary.

Q1: There was no lymph node on the right.

Dr. Francis: Correct.

Q1: But there was already one lymph node on the left.

Dr. Francis: Correct po.

Q1: And I regret it. I said I should have had both removed at the time that even…

Dr. Francis: Yes.

Q1: If the other breast did not have cancer, would that have been better?

Dr. Francis: Well one, the chance of recurrence to the other breast is very, very low, maybe 10, 15%. That’s why it’s not routinely recommended unless you have the genetic abnormality of the BRCA1, BRCA2. That’s answer number 1. Answer number 2, it’s a personal choice. I’ve had a few patients na right away they want bilateral so they won’t have to think of anything anymore. But it’s a personal choice and sometimes it’s very difficult to get a surgeon who is willing to do a bilateral mastectomy no? But there are some who, who are willing to do a bilateral mastectomy. But in that case, it is not indicated. It would have been a personal choice.

1:38:31 Q2: Regarding the BRCA Test, I was informed that it’s not necessary. I already have cancer, I don’t need a BRCA test result because I already have cancer. My mother did and I have and… the BRCA test is not necessary but maybe for my children right?

Dr. Francis: Correct. Because we cannot check your, your daughter or your son is because they could be negative. Coz, remember it’s not 100% penetrance. So I have a one whole family of 7 and a one was a negative while all the rest was positive. So she got her breast cancer not because she had the BRCA1 but she was just destined to get it, oo…. So you check, you check the, you check the, you check the patient not the ano…

1:39:15 Q3: One last question, PET Scan, does it also check on the bone density and skin no?

Dr. Francis: No. no po.

Q3: So I have to have another test for bone density?

Dr. Francis: Yes, the bone densitometry po.

Q3: What about the skin? It’s not…

Dr. Francis: Well the skin, you have to… well usually the recurrence of the skin is here on the chest wall no? So that’s something you can examine yourself and when you go to the doctor, doctor examines and checks it. Oo.

Q3: So it’s not, it’s not reflected in the PET Scan?

Dr. Francis: It won’t be seen. It might be too superficial unless malaki na. Makikita.

Q3: Thank you.

Dr. Francis: Ok.

1:38:49 Dr. Gia: Are there any other questions, because I have one. No just, I’ve always been intrigued why it’s called a modified radical mastectomy. I mean if you’re radical, you’re radical. If you’re modified… why is it a modified radical?

Dr. Francis: Ok, way back in the 1800’s, over the turn of the century no? It was radical it’s because they even remove all the muscles. So much so that your body becomes so deformed when they removed the pectoralis muscles, everything they remove no? So that’s why it was a radical mastectomy. And hence, as things change then they say that “Oh you don’t need to remove the muscles anymore. You just need to remove this certain part of the body.” And then new technology comes out no? You have radiation and etc. that’s why hence the term modified radical mastectomy.

1:40:37 Dr. Gia: And what are estrogen rich foods?

Dr. Francis: Well the easy answer there is can you kindly Google. But of course you have your tofu and things like that. But again, you can take it’s just that sparingly. If you take it everyday, maybe bawas-bawasan no? But once in a while, if you really love tofu, you can no? It doesn’t mean that you just had one meal with tofu your breast cancer is gonna come back. It doesn’t mean you had one banana split and then suddenly your breast cancer is going to come back because you ate cancer no?

1:41:10 Dr. Gia: Ok any questions pa? Yes?

1:41:17 Q4: Hi doc. I’m triple negative so I’ve finished my treatment last July. I’ve heard about the Her2 and they get to do something. I want to know more like what I can do if there is any?

Dr. Francis: Yeah I think, I think the focus now of breast cancer research is now in the Triple Negative no? Because a lot has been done in the Her2 Neu but unfortunately as of today, there is still really nothing there no? It’s for the metastasis group where they can offer some other kinds of, of medicines for the Triple Negative no? Now they use immunotherapy and etc but not for in the Adjuvant, in the Adjuvant setting. Mind you, there are some good triple negatives and there are some aggressive triple negatives. I have triple negatives who are Stage 3 who are still alive up to this very day. I have had triple negatives that they just finish their chemo and it’s already back. So you can’t tell if you’re the good or the bad but there are some good triple negatives and there are some really aggressive triple negatives no? So right now there is no new recommendation. But I’m sure there are a lot of research. Unfortunately we don’t get to do research here in the Philippines. We just wait until the medicine comes here.

Q4: Thank you.

1:42:41 Q5: Hi doc. I just wanted to ask is it possible to still go on remission or no evidence of disease if you’ve had a recurrence? If it’s a tiny, little recurrence. Coz I’ve read some cases where it’s possible to have the radical remission but I just want to know on a medical standard…

Dr.Francis: Recurrence in the lungs or recurrence in the breast?

Q5: I had Stage 2B. Estrogen positive cancer and it came back, I have like 2 little dots on both sides of my hips. It’s just a size of a mole. And I think 2 little dots on somewhere on the chest. So it’s very, very tiny. So I’m like thinking is there a hope for things like that? Does that go on remission or once it’s metastasized you can just control?

Dr. Francis: Well again technically, when your, when it has metastasized it’s not curable but definition of terms is very important here no? And I’m very careful when I talk to my patients because patients tend to have a tendency to grasp what they want to hear from the doctor and try to, to yeah… and try to censor what they don’t want to hear. When you say can I go into remission? The answer is yes, meaning that when I repeat my PET Scan or when I do my bone scan it’s gone. And it’s negative, that’s what you call remission. But am I already cured? That’s a different question. But yes, one can. Right now if you’d allow me, there are many new drugs for lung cancer. So I already have 2 or 3 lung cancer patients who are Stage 4 with liver disease, who are now in remission. But again, at a certain point, and it’s going to come back. So your, my answer to your question is yes, you can go into remission. But is that going to be considered cured? Then it’s hard. I don’t use, I still don’t use the word cure.

Q5: Ok, but it can go away basically like…

Dr. Francis: Yes.

Q5: …to be cancer free? No evidence of disease?

Dr. Francis: Yes.

Q5: Ok. That’s good.

Dr. Francis: That’s possible.

Q5: Thank you.

1:44:47 Q6: Hi doc. What is the best, for you what is the best clinical or laboratory test that we take to follow up? Because usually when we have our routine examinations like for me, I still do it every 6 months and I do everything from the CBC to the lipid profile and the… also the, the tumor marker, the HSCRP. So I want to know if is there really a test that can detect if there are inflammations or there are tumors coming up. So that we can determine again if there is a recurrence or another…. Cancer cells activated somewhere in our body?

Dr. Francis: Ok so based on the screening, there is, the… it is not recommended. Ok, but majority of the patients want to have one for whatever reason na lang no? Number 1, I don’t request for a tumor marker coz I said earlier it could be normal and your cancer is back. So “Doctor what amongst all the test should I do?” You can start from the simplest chest xray, ultrasound of the abdomen to see if it has recurrence in your liver or a recurrence in your abdomen, you can add a bone scan. And if you want to add a MRI or a CT Scan of your brain to make sure it hasn’t come back. But again a lot of these tests, and I’ll just be very honest and straight forward, is from the cheapest to the most expensive. Unfortunately, when you do an xray, you don’t see too many but when you do a PET Scan, which is again the most expensive, you tend to see more. So again, your doctor should discuss that with you, which I always discuss with my patients and I give them that whole choice and I explain it to them. So for those of my patients who can afford and now it’s becoming cheaper to have a PET CT Scan, I think you can and it’s almost in any place. There’s in Perpetual, Makati ah no not Makati Med, Makati Centuria. There is already in St. Luke’s, of course in St. Luke’s. Then there’s already in NKTI. There’s already one in Cebu. They’re starting to come out it’s because a company has brought in the reagent kaya mas mura na. And because now there’s competition, the prices have dropped. Some are less than 40 thousand. I think 40 thousand and then some have promos and etc. If you do a PET CT Scan, there is convenience. It is one (makes a swooshing sound) one scan and you see everything from the brains to the bones. Though the brain, mind you again, it’s not best in the PET CT Scan. You can see but in detail. The best is always an MRI. But if you’re not having any brain problem, sorry no brain symptoms, then there is not a necessary need to do an MRI no? But it can pick it up or it may pick it up, oh may brain meds ito no? So for me, I give that as option to the patients and then if you say “Ok, Doctor masyadong mahal.” But if you do your mathematics, magbo-bone scan ako, mag and plus a mammogram no? You always have to do a mammogram even if you do a PET Scan. So “Doc masyadong mahal yan.” “Sige, mag CT Scan na ako.” Kailangan ng IV constrast tapos mag bone and bone scan tapos sa brain, mammogram. It might come out to be almost, yes still cheaper but maybe just a few thousands less cheaper but there’s that inconvenience of hopping from one machine to the other and etc, etc. And of course, the simplest is just to do an ultrasound and etc. Now, what is the advantage? If you do let’s say a PET CT Scan or CT Scan, you tend to see more. And you will know na, uy nangyari yun sa pasyente ko no? We saw something. After she finished her chemo, she was Her2 Neu, we did her PET CT Scan and true enough there was a 0.2 cm yeah, centimeter and we followed it up and it started to get bigger. Pala it was already a recurrence no? And when we looked back, it was already there no? And so she went back to chemotherapy right away with another kind of medicine and went into remission. And that lady left earlier already but yes she went into remission. Her PET Scan was negative. She’s Stage 4 but was able to go into remission and we’re now monitoring again her, her scans, her disease through a PET CT Scan no? But you tend to see more and you can act immediately while it is still, it is still small. But again, you’re still back to the same thing – is this curable or not? No? And the answer there as of now, you cannot use the word curable if you’re Stage 4. But yes, one can go into remission with this, with this new world drugs that we have nowadays. Oo. So, if you’re asking me what should I need, then again, you should talk to your doctor no? But I think doing it every 3 months and what, blood test… I only do a CBC because you got chemotherapy. And chemotherapy can affect the bone marrow and you can have a secondary bone marrow problem because of the chemotherapy, which happens like 5% of the time. So I always do a CBC and then if they’re in Tamoxifen, I check the liver because the SGPT, etc can go up. But otherwise, I don’t do much more than that. If you want to do your lipid profile, then that’s up to you. But that has nothing to do with breast cancer.

1:50:39 Dr. Gia: I think our time is up. So it’s my role to close the forum. Thank you very, very much doc.

Dr. Francis: Thank you. My pleasure to be here. Oo. (clapping)

Dr. Gia: Ang suki ng ICS. I think you’re supposed to be given a token, I’ll just look for it later.

Dr. Francis: I think it was given to me already.

Dr. Gia: Ah already 9(aughs) Ok, thank you very much po.

Dr. Francis: Thank you for coming, thank you. (clapping)

**1:51:03 END OF SESSION**

**END OF TRANSCRIPT**