

MS Podcast - Alcohol / Cancer [Dr. Port] R2 Transcript

00:00:04:43 - 00:00:35:12

Leslie Schlachter

Hi. Welcome to the vitals. Mount Sinai Health System's newest video podcast. I'm Leslie Schlachter, and I'm a neurosurgery physician assistant. I'm really excited to have Doctor Alisa Porte with us today. She is chief of breast surgery here at Mount Sinai Hospital. She specializes in treating patients with breast cancer or those at high risk of developing breast cancer. The reason we're going to talk to her today is to specifically talk about the new surgeon general's warning, which says that alcohol gives you an increased risk of developing cancer.

00:00:35:17 - 00:00:48:49

Leslie Schlachter

And breast cancer is one of those. So we're going to talk about how alcohol increases that risk. Signs and symptoms of what to look for and what the treatment looks like. We're really excited to have Doctor Port today. Thank you so much for being here today.

00:00:49:02 - 00:00:50:32

Dr. Port

Thank you for having me as always.

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Leslie Schlachter

I was looking forward to spending time with you. Oh, right. Yeah. Before you do your part, astrum and.

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Dr. Port

Out of the.

00:00:55:29 - 00:01:04:12

Leslie Schlachter

Podcast for sure before we get started. I had my mammogram last year, and it's perfect. Good. My pec muscles have gotten even bigger from all my hard work. All your hard.

00:01:04:12 - 00:01:08:00

Dr. Port

Work has paid off. So my congratulations.

00:01:08:05 - 00:01:26:23

Leslie Schlachter

So. Okay, we're here to talk today about the Surgeon General's new advisory on alcohol and its relationship. Tell us what you see as far as trends with breast cancer and how you think that could be related to alcohol. Like, have you seen it on the rise? Do you think it's related? Tell me what you think.

00:01:26:28 - 00:01:51:58

Dr. Port

We have known for a very long time that there is a relationship between alcohol and some kinds of cancers. Some are obvious and some are not so obvious. I would say, of course, there's an increased risk of cancer that someone could say makes total sense between alcohol. Mike suffered. Jill cancer. I stomach cancer because those are toxins that are directly in receipt of the alcohol, right?

00:01:52:00 - 00:02:21:16

Dr. Port

You kind of alcohol goes down yourself. I guess to your stomach. And that exposure can be toxic, right? What people didn't understand is what the relationship is between some of these other kinds of cancers, like alcohol. Theoretically never really sees your breast tissue or does it? Right. And so how would alcohol increase your risk of breast cancer? We did know that there are two dietary factors that do increase your risk of breast cancer.

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Dr. Port

We've known for a long time, obesity and heavy alcohol intake. And what had not really been clarified is how much is a lot. How much is heavy? How do you define moderation in all those things? It's sort of like a sliding scale.

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Leslie Schlachter

Especially for men and women, because women, it's like, I think excluding me because of my size. But less alcohol is not that much that you're allowed to drink.

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Dr. Port

And right. And and how is you know, we all define one drink is the same amount, right.

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Leslie Schlachter

Like one. I don't know, I think it's six. At least one is right.

00:02:53:55 - 00:03:24:32

Dr. Port

Of wine, one shot, whatever. But you're right. Why is that the same for 100 pound woman versus a 200 pound man? Why is that the same? Right. And you're right. The answer is it's not right. So the the relationship between alcohol and breast cancer is definitely one of the things that's been really recently clarified is that we used to say heavy is worse than moderate.

00:03:24:36 - 00:03:51:53

Dr. Port

You know, that or okay, which is worse than a little. And we kind of lumped a little and none together that having a drink or two a week or even up to three drinks a week, which we consider a little, is not really any increased risk. Now with the new data has shown that really there's unfortunately no amount of alcohol that is associated with no added rise.

00:03:51:58 - 00:04:18:57

Dr. Port

Now let's get into the weeds with this for a minute, because how much is increased risk? You know, if the average woman's risk of getting breast cancer is 10% over her lifetime and we say, you know, 1 to 3 drinks a week increases your risk by, say, 10%. And I'm making this up. Everyone says, oh my God, now my risk is 20%, right?

00:04:18:58 - 00:04:43:41

Dr. Port

10%. It's not like that at all, right? It's 10% of your original number. 10%. So now your risk goes from 10% to 11% because 1% is 10% of the breast. Right. So that's how you do the now. So you know, the press and the media play a lot of fast and loose with these numbers. Like it increases your risk by 10%.

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Dr. Port

And people go nuts over that. But you have to remember that the added risk is really marginal. Okay.

00:04:52:45 - 00:05:21:32

Leslie Schlachter

So I have a question for you. I did a little bit of research to get ready for you today. We know there is several different mechanisms of how alcohol increases your risk of cancer. One of them

specifically is that alcohol alters hormone levels, specifically estrogen, which really only calls out breast cancer here. So the one thing that I mean, I don't know much about breast cancer other than I know what I get my mammograms every year, but I've heard of like the Brac, a gene, all these like estrogens in genes.

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Leslie Schlachter

Now, how does this play? Are people going to be just as worried about alcohol as they were about this? The Rocka are the genes.

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Dr. Port

It's is it know that so that the genetic predisposition is very different. When you're born with the Brockett genes, your risk getting breast cancer who lifetime is 60 to 90%. That works by completely different mechanism. Let's go back to what you brought up, which was absolutely true. So we started talking about how, you know, suffered your cancer and stomach cancer would be obvious.

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Dr. Port

Connectors, alcohol because it's the exposure directly. Right. And we said but that doesn't really work for the breast. So how does that work. Right. What's the mechanistic connection. And the answer is you're right through hormones. So one of the things we know is that hormones are broken down by the liver the metabolized by the liver. What else is metabolized by the liver.

00:06:11:42 - 00:06:30:58

Dr. Port

Alcohol. Right. So one of the big kind of theories is that if the liver's so busy over here, the table izing the alcohol in will do a good job over here on the hormones. And you'll have increased circulating hormone levels because they're not cells.

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Leslie Schlachter

Almost like a receptor blocker.

00:06:33:06 - 00:06:55:57

Dr. Port

It's not like a receptor blocker. It's almost like a competitor okay. You know, in the the alcohol's kind of throwing a diversion. So you end up with higher circulating estrogen levels. And you're

right, Leslie. So the bottom line is, is of all breast cancers diagnosis. And it is the most common cancer women get in this country is about 300,000 new cases diagnosed every year.

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Dr. Port

Okay. About 60 or 70% of them will be what's called hormonally driven or fuel. Okay. So it's very relevant these estrogen levels. And it's for the same reason why hormone replacement therapy probably increases your risk of breast cancer again by a little bit. Right. It's the reason why, you know, birth control pills over a long period of time can increase your it's all that the end thing is, what is your exposure to estrogen in your bloodstream.

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Dr. Port

And what's your breast cell exposure to estrogen. So somehow if alcohol is modulating your exposure, the estrogen level circulating in your body, that's probably.

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Leslie Schlachter

Not making total sense. Yeah. What are so one of the things about diagnosing breast cancer that's actually great for women is that there's guidelines, right. There's guidelines for when someone with no family history or genetic predisposition she had a mammogram.

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Dr. Port

The general.

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Leslie Schlachter

Right. Generally you know we'll discuss what that is. Sure.

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Dr. Port

The general population guidelines both of them risk in general. Yeah. So so the obviously as you mentioned, the spectrum of risk is a range. So let's talk first about the the average woman who's risk is about 10%. That's a woman with no other risk factors. No family history. The big risk factors are family history and having a prior biopsy that shows some borderline findings.

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Dr. Port

So if a woman doesn't have that and remember, there are other risk factors that can dial up the

risk of a little bit. Like if you had children late in life or if you've had no children, that increases your risk a little bit. Okay. But if you're in the average risk group, the guidelines are to start getting mammograms at age 40.

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Dr. Port

Okay. And every year, as long as you're healthy enough to have them and deal with the consequences. So we no longer say stop at age 70 or 75 because women are living a heck of a lot.

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Leslie Schlachter

Yeah, you have like a 75 year old woman who's playing pickleball every day. That's going great.

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Dr. Port

Yeah, yeah, you you can get your mammogram. Absolutely. So so those are the guidelines. Now the addition of sonograms on top of that need to be considered in women with dense breasts. And that's a lot of women in the 40 to 50 year old and you know, who have dense breasts. The mammogram will tell you, okay, it's not something you can feel.

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Dr. Port

You know, even women who say, I feel like my breasts are lumpy and bumpy. That's not an indicator. Lumpy. Some of these normal, lumpy, bumpy is normal, especially for young women. I say I say everyone's breasts are like a cobblestone street for them. You have what you're looking for is one. Stand out like the boulder, what we call a dominant finding or a dominant.

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Dr. Port

Yes, that's what you need to pay attention to. But you add on ultrasounds based on breast density. And breast density can only be guided by the noun the gram. Okay. And that that's a scale. It'll range, you know. And what happens is, is that the density is dictated by the amount of what we call functioning tissue that you have there.

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Dr. Port

Breasts are composed the the makeup of the breasts. Breasts are composed of two types of tissue. And we all have both. There's fatty tissue and there's functioning tissue. What's the function of

the breast? It's only one thing. Make milk for babies, right? Yeah. Lots of people think there are other functions. And that's fine too. But that's the main way.

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Dr. Port

Yeah. You know, making milk for daddies and the way milk is made is milk is made in what's called globules. And then there that milk is delivered through like a pipe system.

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Leslie Schlachter

Is that whereby is there comes from in those areas.

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Dr. Port

How you got it's delivered along the pipes. Yep. Which are called the ducts. Right. The ducts and the lobules are the functioning tissue. Okay. Cancer can start anywhere along the duct system or in the Lobules you can start.

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Leslie Schlachter

Idea called like ductal carcinoma. Exactly. Okay.

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Dr. Port

Duct carcinoma or invasive ductal cancer or lobular carcinoma. So it can start anywhere there okay. The amount of functioning tissue to fatty tissue is what dictates breasts I say. So think about it. If you're young, if you're 20 or 30 or 40, you're in the childbearing age. Your body's all, you know, ready to have a baby and ready to put those cells to work.

00:11:28:00 - 00:11:51:35

Dr. Port

That's when you're going to have increasing breast density right now, when it becomes trickier is what happens when you're 50 and 60. But your breasts are still dense, right. So those are things where there might be a higher risk of breast cancer. And it might be harder to detect a cancer on mammogram. The reason I brought up the density thing is density on a mammogram shows up as white.

00:11:51:40 - 00:12:21:00

Dr. Port

Okay. The fatty tissue shows up is black, cancer is white. But, you know, so what it is, it's like

the polar bear in the snowstorm. Now, the whiter the tissue is as it relates to the amount of density, the harder it is to see a new cancer against that. That coat. Okay. And that's why if someone has a mammogram and their breasts are very dense, we say, gosh, we really sure that there's not something hidden in between here.

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Dr. Port

Maybe we should do another test that looks at things differently. And that's when we often add on ultrasounds.

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Leslie Schlachter

Do you think that now the layman I mean, you just said you've known this for years, that alcohol can read, expose or increase your risk of getting cancer? Is that going to change the guidelines? You know, like someone who drinks more than ten drinks a week should get mammograms at 30.

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Dr. Port

You know what? It's such a great question. So insightful. My sense is no. Because, for example, like the other risk factors I talked about before, we don't change the guidelines of sorry.

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Leslie Schlachter

Like I'm voice control.

00:12:57:45 - 00:13:30:17

Dr. Port

Exactly right. Or on hormone replacement therapy. I can tell you on a case by case basis. Sometimes GYNs or primary care doctors have those conversations with their patients and say, you might want to consider getting an ultrasound, or you might want to consider, you know, some more high risk surveillance. We didn't talk about. We were talking about the spectrum in the on the opposite end of the spectrum, the people the highest risk for breast cancer, which you had mentioned, the primary positive people, mammograms and even sonograms are not enough.

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Dr. Port

We also screened those people that were age with MRI. So the guidelines for them, because women with Brca not only get breast cancer at increasing rates, they get it younger. Okay. The average age that a woman is diagnosed with breast cancer in this country, non Broca is about 60

okay. With Broca women can get it in their 20s, 30s and 40s.

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Leslie Schlachter

And they we know that from a mother and sister cultures.

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Dr. Port

They might or on the father's side of the family bracket can be passed out through those side. So not everybody knows that they're carrying these genes. And that's why we're very big advocates for more widespread testing, because you could be identified as a person who's at increased risk and would benefit from not only more screening, but starting that earlier.

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Dr. Port

So you asked, when do you do the screening?

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Leslie Schlachter

That's right. You just say you're not getting your mammograms, but you're at increased risk of a more aggressive, yeah. What do they look for.

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Dr. Port

So the the regimen for screening with Broca is you start MRI every year starting at 25. Wow. And then you add mammograms at 30. And you do that mammograms in.

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Leslie Schlachter

The morning every six months or something near staggering.

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Dr. Port

Yep. Yeah. And you do that every year until if and when, God forbid, someone develops breast cancer or they decide to do surgery, what we call risk reducing surgery to really reduce.

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Leslie Schlachter

That risk, I think we'll be pleased to call like a prophylactic.

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Dr. Port

That we now call it more appropriately risk reduce risk restricting because you don't completely prevent it, but you do reduce the risk down to about 1%.

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Leslie Schlachter

So like where where could it come from if you're doing a mastectomy, if you're removing this issue.

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Dr. Port

Leave because you leave about 1% of breast cells and tissue behind.

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Leslie Schlachter

I usually on this study can't really see.

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Dr. Port

You can't see, you can't feel. And there's just a thin layer of tissue, but you've if you've done the operation properly, the risk should be about 1%.

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Leslie Schlachter

Thinking about your patient population, those who are in that high risk area, what percentage of your patients would choose for a risk reduction procedure?

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Dr. Port

Well, remember one thing that's not a that's not a question I can answer because I'm a surgeon. And that's true.

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Leslie Schlachter

You're seeing the weight loss on it. Yeah.

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Dr. Port

Or the ones who now I see a lot of patients. To your point, it's so funny you bring this up because literally the conversation I had with my team before I walked over here was a young woman who I had seen five years ago with the gene. I had the whole conversation with her about the options. You can do the surgery, you can do the screening.

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Dr. Port

If you do the screening. We have a high risk program at the Dubin Breast Center throughout Mount Sinai where people can be monitored. You don't need a surgeon if you're just being monitored. So she has been monitored in our high risk program for five years, and I was looking at my schedule next week. And look, I don't remember that girl, but what was she doing?

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Dr. Port

Right? My nurse says she wants now it's five years later. She's ready to have the surgery. So the point is, is that not everyone that comes through my office is ready Mostar. And some just want to have I call the talk and we have the talk and if they're ready to schedule surgery, you know, it's not only yes or no, but if so, what?

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Dr. Port

Some will turn around and say, you know, I want to do it, but I think I want to breastfeed the child first. So I think I'm going to have my kids and then I'll come back. I'll circle back to see you. Some women turn around and say, you know, I don't want to go through a pregnancy with the gene.

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Dr. Port

You can't get screened effectively during pregnancy. And so they feel very nervous that there.

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Leslie Schlachter

And, but I think going through a pregnancy sometimes reduce your risk. Not a thing. Okay. So now we'll separate.

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Dr. Port

What I would say is it's it's to your point where like we started talking about risk. Here's the, here's the, the regular woman. And here's when your risk of getting breast cancer is 90%. Yeah. Do you care if you dial it up 1% or dial it down 2%? The in-between stuff are the things like the

stuff like the alcohol, the hormone.

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Leslie Schlachter

Yeah. So this has to get out of the whole drinking group.

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Dr. Port

And it's not a drink year over. Year is closer to here, right? No. And remember one thing is that, you know, the alcohol thing, like having, you know, 1 to 3 drinks a week and keeping it that which we would define, you know, moderation had been defined as 3 to 5 a week. Right. And one of the reasons that we define it that way is that means that you're definitely not having a drink every day.

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Dr. Port

If you're only having five drinks a week, there's no way you can make that every day. Right? But it gives people a little wiggle room where if they go out on the Saturday night and want to have a cocktail and a glass of wine, that's true. And maybe they can have 1 or 2 more drinks a week. Okay, that is still worse.

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Dr. Port

We know from a breast cancer standpoint than none and and but but the thing is there's lots of things like that. People accept added risk all the time. Great. You know, with things like you get birth control pills, hormone replacement for quality of life for decisions, for all of those that you lose a daughter I do. She's in medical school.

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Dr. Port

She is I text her before, see if she's studying. If you're because she's such a tool, she just works or brains out. So I see you over here. Can I come by? And she goes. Now I'm sitting in my room today. Too many people in the library. I'm like, okay, or her? Yeah.

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Leslie Schlachter

So it's let's say she next time you guys are out having dinner. And she said, mom, what do like, what do I do about alcohol? What's your advice?

00:19:07:08 - 00:19:31:23

Dr. Port

Yeah, I, I really say, well I, I really say that, you know, in moderation is really that that would be. That's the rule I observe too. Yeah. You know, we have people over for dinner. I'm opening up a bottle of wine. Okay. That bottle is not just going to be for me, right. It's going to be shared. But I feel like it is, you know, an important part of quality of life for the people who want it.

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Dr. Port

Now, could I go 2 or 3 weeks without having any? Of course I can. And, and for people who've made that decision, and remember other things and that is, is that it's also, you know, alcohol's also wrapped up in other things. Leslie, wait. Okay. So, you know what? People who are weird. Yeah, yeah. Sugar connoisseur. People who are, you know, people who are interested in weight loss, who find themselves drinking 3 to 5 a week.

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Dr. Port

That's one really easy way to cut calories, right? Three each drink is probably 2 or 300 calories. So now you're talking about eliminating if you're drinking five a week, probably 1500 calories a week. It's a lot, it's a lot. And, and there are other things too. People talk about side effects related to, you know, alcohol. People get headaches, they get hung over even after two drinks, things like that.

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Dr. Port

You know, that's these are all things that, are part of personal decision making. I really think that in moderation, which is up to five drinks a week, is a personal choice that people make. You know, when I see on when someone comes in to see me and I see that they're drinking upwards of five drinks a week, so even seven, you know, if when someone says and remember.

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Leslie Schlachter

Like, how about when I say, well.

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Dr. Port

That's true. But the other thing too, you're right. And that the thing is, is when someone says, you know, when someone says, I don't really drink that much, I have a glass of wine a night, it doesn't seem that much, but now you're talking about seven a week. And to your point it it's not a huge stretch. If someone is having a glass of wine tonight.

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Dr. Port

Now they're out on the Saturday night. That glass of wine turns into two or drives into a cocktail glass one. Now you're up to ten, right? Okay. And on top of that, it's also what I would say now it's ever it's anything you do every day. There's a word for that. It's called a habit. Right. That's not that's not in moderation anymore.

00:21:29:37 - 00:21:51:26

Dr. Port

That means you're doing it every night. It's like brushing your teeth, you know, or washing your face. You're doing it every night. That's now a habit. And to me, that's not good when it relates to alcohol. So anytime I see a new patient coming in and they're telling me that they're, you know, having a glass of wine, however they define it the night or more than, you know, anything more than five a week.

00:21:51:26 - 00:22:11:36

Dr. Port

We have to talk, you know, and I just say, just be aware you're an adult. You get to make your own decisions. But just be aware that these are the pluses and minuses. And I definitely, you know, especially like post-Covid, you know, when a lot of people were drinking a lot, a lot. Yeah. We had this talk a lot.

00:22:11:41 - 00:22:28:48

Dr. Port

You know, I mean, I had a woman come in the other day who's like 65 years old, living down in Florida, and she says she has two glasses of wine a night with dinner. And when you say it that way, it does not sound like very much. But now we're up to 14 drinks a week, right? Okay. Right.

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Dr. Port

Yeah. Or more, as you said, you know.

00:22:31:47 - 00:22:49:23

Leslie Schlachter

Yeah. I mean, I'm sure my, my pour is heavier than like the average pour before Covid, like during Covid I was drinking like a glass of wine a night. But then I actually started to get reflux from it. So I actually kind of stopped drinking. I prefer to have a mocktail or go to the gym or something, but like, what are we going to replace?

00:22:49:23 - 00:22:51:31

Leslie Schlachter

Like, hey, do you want to meet for a drink? What are we going to say now?

00:22:51:31 - 00:23:10:16

Dr. Port

When I go for a walk, a cup of coffee, you go for a walk. There's a million. By the way, to your point, you can sit at, you know. You know what? It's really you know what you bring up, which is such a good point. People never used to feel comfortable sitting at a bar, sitting at a meal with themselves, without a cigaret.

00:23:10:16 - 00:23:28:34

Dr. Port

Yeah. Hey, do you think they got used to that? Totally. And, you know, everyone thought that, like, you sat at a bar with a cigaret, you had a friend, you looked cool. Whatever. Thankfully, that has massively gone away to the most for, you know, most people do. You know what it is now? Everyone sits at the table with their iPhone.

00:23:28:47 - 00:23:47:41

Dr. Port

Yeah, scrolling their reading there. They sit with a book. You know, I, I could go out to dinner any night by myself and with my iPhone and reading and whatever everyone feels, you see people now comfortable doing that all the time. So it's just a cultural shift, which is you consider the table and have a seltzer water. You like.

00:23:47:41 - 00:24:07:34

Dr. Port

You said, you can have a mocktail or you can have, you know, you can you can do whatever you want. You don't have to be out and about and not. And you know, I'd say of my friend Cooper, people that we socialize with, probably about half of them drink, you know, moderately or a little bit or socially, I would say.

00:24:07:39 - 00:24:23:51

Dr. Port

And half of them don't drink at all. Yeah. And it's absolutely no, it's it's a non-issue. I will say there is a sense that when people are out with other people that they they drink and they're in between, they're more likely to go this way toward drinks than not, right?

00:24:23:51 - 00:24:38:08

Leslie Schlachter

You know? Yeah, I'm one of them for sure. So we talked a bit about screening and such. And

that's for people who are just like making sure that they don't have cancer. What about people who have symptoms? What are the symptoms of breast cancer? Can we talk about. Yeah.

00:24:38:10 - 00:24:57:09

Dr. Port

You don't listen if you you know that that's what usually what happens. So the one thing about mammograms and ultrasounds, right. Mammograms. Why do we do them. Mammograms save lives. They do. And the way mammograms save lives is by picking up. They're not a perfect test. They don't pick up all cancers, but they pick up about 85 to 90%.

00:24:57:09 - 00:25:00:04

Leslie Schlachter

I take a test. I'd be happy getting a very good.

00:25:00:04 - 00:25:15:12

Dr. Port

this. It's a very good test. And it's a test that picks up cancers earlier when they're way more treatable and curable. And here's another thing that a lot of people don't know.

00:25:15:17 - 00:25:40:24

Dr. Port

Not only do they save lives, but a lot of people who get breast cancer are scared of what that treatment might be. Right? Nobody wants more aggressive treatment than they have to have. A lot of women are very scared of chemotherapy. It has a lot of side effects. It is hard to go through a lot of women are scared of getting bigger surgery, a mastectomy instead of a lumpectomy, a smaller surgery, right?

00:25:40:29 - 00:26:07:29

Dr. Port

Here's a second benefit of mammograms if you are getting. Remember, mammograms don't prevent breast cancer, right? If you have a cancer that is picked up on a mammogram or on screening, not only are you more likely to survive, what I think is equally as important as it relates to quality of life, you're way more likely to survive doing less, weigh more likely to be able to do a smaller surgery, weigh more.

00:26:07:29 - 00:26:37:09

Dr. Port

Likely to not leave chemotherapy. Weigh more. Likely to not need all your lymph nodes removed because the cancer's spread there. So there's so many other kind of secondary benefits

of mammograms that nobody talks about, right? So to your point, if you're not getting mammograms, what's going to happen? How are people going to find their cancers? And only when they're way more advanced, when the lump is not the size of like my baby fingernail, when the lump is like the size of my fist.

00:26:37:17 - 00:26:58:39

Dr. Port

Right. And that's probably ten times the size. So those cancers, the the ones that you feel a lump that you have nipple discharge where you see some changes to the skin, where you feel a lump under your arm. Yeah. And you get what's called skin dimpling because the cancer is pulling the skin in from from the breast tissue.

00:26:58:44 - 00:27:10:22

Dr. Port

Those are all signs of more advanced cancer that we see a lot in women who don't get screened. And those people are going to almost certainly end up with more extensive aggressive treatment.

00:27:10:22 - 00:27:16:24

Leslie Schlachter

So for people who don't have insurance and aren't getting their yearly mammograms, how much does a mammogram cost if you're just going to pay out of pocket?

00:27:16:24 - 00:27:38:12

Dr. Port

So it it varies. All insurances cover mammograms. Even Medicaid and Medicare of course, do know they can vary in terms of the age that they start. In the age the three star rate. The cost of a mammogram varies in depending on what facility you go to, but really it shouldn't be more than \$10 out of pocket for someone who has some form of coverage.

00:27:38:12 - 00:27:39:45

Dr. Port

Okay okay.

00:27:39:50 - 00:27:46:04

Leslie Schlachter

Okay. So symptoms are indicative of something more aggressive. Yeah.

00:27:46:18 - 00:28:17:48

Dr. Port

And look it's not and again mammograms are perfect. It's not the perfect test. Yeah. Can you

have a normal mammogram and then three months later come in and get a glance. Or in between mammograms. You can yeah it does happen. The likelihood of that happening is much lower. So it does it put it this way, just because a test is imperfect shouldn't exonerate someone from making, you know, throwing the baby out with the bathwater and say, I'm not doing this test because it misses 10 or 15% of cancers.

00:28:17:59 - 00:28:22:23

Dr. Port

So therefore I'll ignore the other 85% of the picks up. Okay. Now.

00:28:22:27 - 00:28:31:06

Leslie Schlachter

So I mean, bottom line kind of back to the alcohol. We're much more worried about things like Baraka. Right? There's the high percentage likelihood of getting.

00:28:31:06 - 00:28:35:32

Dr. Port

But I would say but but I wouldn't put it in the same bucket because Baraka is.

00:28:35:32 - 00:28:41:09

Leslie Schlachter

O'Brien over here. I'm putting like estrogen, alcohol, all the other smaller things down here. Baraka is.

00:28:41:09 - 00:28:55:33

Dr. Port

More concerning. And remember, Brock is something that you're born with that you can't change, right? You can do stuff about it like reduce risk by taking out the tissue at risk. But you can't change that. You have the Brock G the other things.

00:28:55:38 - 00:28:59:53

Leslie Schlachter

Can you not out up the property like if I'm Brawley negative one year can I be brought back negative in five years.

00:28:59:53 - 00:29:17:48

Dr. Port

Not it's something you're born with. It is what it asks down and also it can't skip a generation. So

if your grandma had it but she didn't pass it down to your mother, it can't go from grandma to you can either come from your mother or your father. It's very important to pay attention of both sides of the family.

00:29:18:03 - 00:29:40:32

Dr. Port

And one of the key reasons why people might have the gene and not know about it, which I always say, pay attention to both sides of your family. Why? What if I had a father and my father just had one brother, right? And I get breast cancer at 35, and I walk into my doctor's office and I say, how did this happen?

00:29:40:36 - 00:30:02:53

Dr. Port

I have no family history. Breast cancer. Well, how can you have a family history when there's no women, right. Breast cancer. So you if if you are a person and this could be a very important message, look at both sides of your family. And if there's very few or a paucity of women on either side, you can have a family.

00:30:02:57 - 00:30:04:24

Leslie Schlachter

Run the men for the test.

00:30:04:29 - 00:30:10:40

Dr. Port

You could send the men for the test or you get tested yourself, right? You know what if if, if a man is.

00:30:10:40 - 00:30:11:09

Leslie Schlachter

Brac, a.

00:30:11:09 - 00:30:12:43

Dr. Port

Positive mom.

00:30:12:48 - 00:30:16:06

Leslie Schlachter

Does that. Like, is that a breast cancer? Like, how often do men get wrestling?

00:30:16:06 - 00:30:40:30

Dr. Port

So here's the story. Brca1 and Brca2 can be carried by a male and they both are at increased risk for male breast cancer with Brca2 the male's risk. Remember male breast cancer is a really rare disease. The many men you treat per year well, in this country, there's 300,000 women who get breast cancer. In this country there's 3000 net.

00:30:40:31 - 00:31:01:54

Dr. Port

So it's less than 1% of all cancers in men and less than 1% of all breast cancers. I tend to see a lot of it because we're kind of a go to center, but it's very rare. Okay, so the risk is less than 1% of the average male, but good bad how they have. If you have Brca1 they have globules and you have Brca1 the risk is 1%.

00:31:01:54 - 00:31:26:56

Dr. Port

So it's a little bit higher. In Brca2 it's 7 to 10%. Wow okay. So if you're a male with Brca2 your risk is still relatively low. But it's way higher than ten times. So we are screening some of those men. The key for men though asleep with Berocca is they're at higher risk for prostate cancer. Right. Which is very, you know, very can be a very aggressive form of that.

00:31:27:01 - 00:31:46:04

Dr. Port

And they're also at higher risk for the thing that both men and women, the kind of cancer that both men and women are at risk for with Baraka, which is pancreatic. So that's a dangerous one. Men can't get ovarian cancer, women can't get prostate cancer. So they each have that to themselves. But then the pancreatic is shared melanoma skin cancer is shared.

00:31:46:15 - 00:31:50:07

Dr. Port

That risk is shared. And the men to it to a lesser degree. As we said, what.

00:31:50:07 - 00:31:53:34

Leslie Schlachter

Kind of breast cancer is it in men? Because I just went back to my lobby. All this to.

00:31:53:35 - 00:32:16:33

Dr. Port

My head is mostly ductal. Okay. In men, it's mostly directly behind the nipple. Okay. Male breast

cancer can be more advanced a diagnosis because a lot of them are not getting screened and they're not thinking about it. And also there's a there's there's like a lack of awareness. You know, I, I've seen two really smart men like professional men who go to doctors in the last year.

00:32:16:47 - 00:32:37:18

Dr. Port

One of them was told the little lump he was feeling was, you know, a skin cyst, know. And it ended up being it was blown off for a long period of time. Another man had a nipple change and he was told it was just a rash from his top working. Now, you know, so there's a lack of awareness and on the part of the men and their doctors too, which is a shame.

00:32:37:33 - 00:32:44:49

Dr. Port

Yeah. So by raising awareness, I always say, I don't care if you're man or woman, if you've got an abnormality, you need to get it checked out.

00:32:44:54 - 00:32:54:58

Leslie Schlachter

Yeah, well, I'm really happy that you were able to join us today on deal like the other specials. Kind of scary. We actually feel a lot better after this discussion regarding alcohol in the breast.

00:32:54:59 - 00:33:12:24

Dr. Port

Your liver day. Yeah, I mean, it's one of these what I call there are things about breast cancer you can't do anything about, like we talked about your genetics. But there are it is important to know there are modifiable risk factors. And if you're the person who's inclined to do everything you can, it's one of them. It's one more thing.

00:33:12:24 - 00:33:15:51

Dr. Port

And this thing you can do, you know, thank you so much.

00:33:15:51 - 00:33:17:32

Leslie Schlachter

For being here. I'm really happy to have him.

00:33:17:32 - 00:33:19:39

Dr. Port

Thank you. Thank you.