The Vitals | Gynecological Cancer
R2 Transcript

00;00;00;00 - 00;00;03;17
Leslie Schlachter
What would you say are some of the biggest misconceptions about gynecologic cancers?

00;00;03;20 - 00;00;25;07
Dr. Shari Brasner
Well, I suppose I would say that you know, that they only happen to your grandma. You know, I mean, there are certainly. And you know, participating in the Woman to Woman program. You know, I'm meeting young cancer survivors more and more. So, you know, just understanding that this isn't something that you only start thinking about after menopause.

00;00;25;09 - 00;00;34;14
Dr. Shari Brasner
You know that plenty of people are diagnosed with these, you know, at a younger age.

00;00;34;16 - 00;01;02;01
Leslie Schlachter
Hi. Welcome to the vitals Mount Sinai Health Systems podcast. September is gynecologic awareness Month, and these cancers affect hundreds of thousands of women every year. Yet conversations about them don't always get the attention they deserve. Beyond the statistics, every diagnosis represents a woman navigating not only treatment, but also questions of identity, resilience, and support. Today's episode is about these stories and the communities that carry women through their toughest moments.

00;01;02;04 - 00;01;27;08
Leslie Schlachter
We're joined by Doctor Shari Brasner, an Ob-Gyn at Mount Sinai, who suddenly found herself on the other side of the exam table as a cancer patient. She brings a rare dual perspective that reminds us cancer can touch anyone and those who dedicate their lives to caring for others. We're also joined by Doctor Allison Snow, PhD, senior director for cancer support services at Mount Sinai Health System, and works closely with the women to Women program.

00;01;27;09 - 00;01;40;10
Leslie Schlachter
Thank you guys so much for being here today. This is, a really important topic for me, that I'm excited to share about. Let's start off with you, doctor Reisner. You are a doctor. You are an ob gyn. Correct.

00;01;40;12 - 00;01;45;00
Dr. Shari Brasner
I have been an OB Joanne at Mount Sinai for now. 34 plus years. Yes.

00;01;45;03 - 00;01;50;01
Leslie Schlachter
And how did you find yourself as a patient? What was the story with that?

00;01;50;03 - 00;02;10;03
Dr. Shari Brasner
Well, I have a history of ovarian cysts. Through the years I've had a couple of surgeries. They were always benign, and I thought I had another one. And I was actually in Boston visiting my son. He was in law school, and I went running and I doubled over in pain. And, you know, was literally on the ground. And some people came over and they.

00;02;10;03 - 00;02;25;08
Dr. Shari Brasner
Are you okay? And of course, I was trying to downplay it and I said, I'm fine. I called my son and I called my husband, they're going to come get me. But they called campus security, and all of a sudden an ambulance arrived and I thought, I am not going to have my surgery in Boston. Mount Sinai is my home.

00;02;25;09 - 00;02;36;00
Dr. Shari Brasner
I did my residency there. You know, I know that I will get, you know, VIP treatment, but I have to get home. And I said to my husband, let's get in the car. We are just driving home now.

00;02;36;05 - 00;02;40;22
Leslie Schlachter
Was it just pain, or did you feel like something, like something had burst? Something was terribly wrong at that moment.

00;02;40;24 - 00;02;56;04
Dr. Shari Brasner
I knew something was terribly wrong because we were driving home from Boston. It was a Sunday afternoon, and I called all of my patients who I had appointments with on Monday, and I said, look, I think it's likely I'm going to be having surgery today, but I'll probably be back in the office by the end of the week.

00;02;56;04 - 00;02;58;14
Dr. Shari Brasner
So please just call my office tomorrow.

00;02;58;18 - 00;02;59;25
Leslie Schlachter
Yes.

00;02;59;27 - 00;03;25;27
Dr. Shari Brasner
Absolutely. Always about the patients first. And, and then I called, my my colleague, my gynecologic oncology surgeon who had operated on me for benign instances in the past. And he met me in the emergency room, and within 20 minutes, they had me in the operating room because I just acutely developed shoulder pain, which is a sign that you're internally bleeding.

00;03;26;03 - 00;03;43;25
Dr. Shari Brasner
And, oh, the poor resident who had to, like, help me get out of my clothing. I think he couldn't look at me for the rest of his training. But, it was during Covid and it was really strange because my husband had to just drop me off in the emergency room. He wasn't allowed in. I was in the operating room, literally, you know, within minutes.

00;03;43;27 - 00;04;02;23
Dr. Shari Brasner
And when I woke up, they told me that it was likely benign. But it was strange because when they went in with the camera for the laparoscopy, it was too much bleeding in my belly. So they decided to go through my cesarean section scar and did a hysterectomy, and I had signed on the dotted line in the emergency room.

00;04;02;23 - 00;04;16;05
Dr. Shari Brasner
You take anything you need. I was 55 years old. I had, you know, long past needed, you know, any of those organs. So, when I woke up, they said we did a hysterectomy. Everything really was bleeding purposes.

00;04;16;05 - 00;04;17;15
Leslie Schlachter
Or they felt, well, like.

00;04;17;17 - 00;04;44;17
Dr. Shari Brasner
Well, they knew that something was very wrong because, you know, there was blood all in my belly. And, and they saw a small mass on the uterus, but they thought it was a funky, probably fibroid because those are so common. And then a few days later, I got a call from the surgeon and he said, this is really strange, but the pathology is a correo carcinoma, and that is a diagnosis that you learn essentially in medical school for the exam.

00;04;44;21 - 00;05;05;16
Dr. Shari Brasner
But it's something that you never see. I have never had a patient with a carcinoma like this. So I had to sort of hit the books and refresh my memory about everything I had ever learned in anything I should know. And unfortunately, with very rare things, there wasn't a lot added over

the course of literally the past, you know, 30 years.

00;05;05;29 - 00;05;21;12
Dr. Shari Brasner
But it was clear that I would need treatment, I would need chemotherapy, and within hours of him calling me, I had called a bunch of colleagues. I had all the imaging studies that I needed and, you know, started my chemotherapy one week later.

00;05;21;14 - 00;05;31;11
Leslie Schlachter
Do you just going back to because you said you had had cysts before, the cysts that you had before, were those painful or were those just found on sonogram because you were getting your well care?

00;05;31;16 - 00;05;51;24
Dr. Shari Brasner
I mean, really, they were both probably what you'd call incidental findings. One, I was trying to get pregnant, so I was having some ultrasounds and they said, oh, you have a dermal, one of the most common benign, you know, tumors young women can have in the ovary. So I had that removed and then there was even a cyst on my ovary at the time of my cesarean section that was removed.

00;05;51;26 - 00;05;58;07
Dr. Shari Brasner
And at one other point in time, I think it was also an incidental finding. And the surgeon, you know, removed that whole.

00;05;58;07 - 00;06;01;22
Leslie Schlachter
Over because it's common for women to have cysts even during their cycle. They.

00;06;01;22 - 00;06;11;26
Dr. Shari Brasner
Sure. And I deal with ovarian cysts every day. And that's, you know, kind of what I why I thought that this was likely, you know, something similar.

00;06;11;29 - 00;06;16;19
Leslie Schlachter
But so what was your treatment? What did you have to do after the surgery? And how close to the surgery did you need the treatment?

00;06;16;19 - 00;06;41;07
Dr. Shari Brasner
So I started treatment one week after the phone call. And the phone call came probably about a

week after my surgery. So within two weeks I had been told that it was a very aggressive tumor, but very chemo sensitive. So it was a five drug regimen, and I had to do some of it as an inpatient, because it got administered over such a long period of time.

00;06;41;07 - 00;06;47;22
Dr. Shari Brasner
It needed, you know, 12 plus hours. And none of the outpatient chemotherapy centers really are staffed.

00;06;47;22 - 00;06;50;12
Leslie Schlachter
You didn't say, I'm a doctor. I can do this for myself at home.

00;06;50;14 - 00;06;57;17
Dr. Shari Brasner
And that would have been really nice because it is very different being a patient than than it is being a doctor.

00;06;57;17 - 00;07;06;02
Leslie Schlachter
How do you think you handled that? Like do you think that you were like truly just a patient, or do you feel like you did better because you knew what to expect or potentially worse?

00;07;06;03 - 00;07;26;25
Dr. Shari Brasner
I think I worked really hard at certain aspects of just being a patient, because I did not want to interfere with what my doctors clearly knew more about this. Like I said, I had to go back and, you know, just do some reading. So I thought, let me let them do their job. That's difficult. But I do think that I navigated that part really well.

00;07;26;27 - 00;07;46;20
Dr. Shari Brasner
I think what helped me was just what I alluded to earlier. You know, I was able to call a colleague and get my imaging done, you know, the same day they didn't wait for my pre authorizations to come through. They just said, you know, come on over. You know, that's sort of unheard of otherwise, you know for a standard patient.

00;07;46;23 - 00;08;01;21
Dr. Shari Brasner
And I'm so very grateful for the, the luxuries or that, you know that special care that I did receive because I've made so many close relationships through the years with people in so many different departments.

00;08;01;24 - 00;08;03;26

Leslie Schlachter
For your exact disease date.

00;08;03;29 - 00;08;28;17
Dr. Shari Brasner
Yes. And others, you know, an interventional radiologist, his wife had been a patient of mine. So when I called and I said, look, I've become really needle phobic and all of these needle sticks are just getting me crazy. You know, I've decided now I want to port. He said, you know, we'll get you on a schedule tomorrow. And so, you know, the relationships I had weren't just, you know, things that I've called in, you know, favors.

00;08;28;17 - 00;08;34;01
Leslie Schlachter
So your network that you curated over the years really is what helped your journey, where you would say.

00;08;34;06 - 00;08;46;07
Dr. Shari Brasner
Yes, I think all of these wonderful people come to the aid of, you know, patients every day. But I every day. I'm so grateful that they just made it so easy for me.

00;08;46;09 - 00;08;55;13
Leslie Schlachter
So in your journey specifically, it wasn't you were a good patient. You were taking care of yourself and going for your checks. But this was wasn't something that was picked up. This was this hit you in the face one day?

00;08;55;13 - 00;09;20;05
Dr. Shari Brasner
Yeah. This is out of the blue. There are really no specific risk factors. This tumor usually is associated with a recent pregnancy. I was 55 years old, I hadn't my twins were 20 I think 25 years old at the time. So, you know, they had to go back and add a pregnancy test to my admission labs. There was, you know, that wasn't standard for a 55 year old woman.

00;09;20;05 - 00;09;24;05
Dr. Shari Brasner
And of course, that's the marker for my tumor. And it was off the charts.

00;09;24;08 - 00;09;26;03
Leslie Schlachter
And that's not something you can screen for.

00;09;26;03 - 00;09;40;12
Dr. Shari Brasner

There is no screening for very rare things. There's never really a screening tool. Screens are designed for populations at risk. And, you know, there's just nowhere in the world that this is something that people walk around, you know, sort of worrying about.

00;09;40;14 - 00;09;58;11
Leslie Schlachter
One of the things that Mount Sinai has that is so special is a program called Woman to Woman. And, Allison, this is something that you are a part of, where I really want to go into depth on that. But is that something that you were a part of either during or after your journey or since then.

00;09;58;14 - 00;10;12;24
Dr. Shari Brasner
I actually had not been involved in the Women to Women program until after my own diagnosis. And then even though I knew all of those social workers, I really had no idea what they were doing because I'm not a gynecologic oncologist.

00;10;12;24 - 00;10;13;28
Leslie Schlachter
You're sending them there?

00;10;14;04 - 00;10;39;16
Dr. Shari Brasner
That's right. You know, I know how to make the appropriate referral, and then maybe I'll, you know, see a patient, you know, through the years, you know, after a treatment. But I had never heard of the program and got involved, really, when I was finished with my treatment and someone approached me and I said, this is amazing. I would love to pay it forward and help someone else who maybe is feeling some of the feelings that I had about, is this all going to be okay?

00;10;39;16 - 00;10;56;05
Dr. Shari Brasner
How am I going to do this? You know, you know, how do I talk to my family? You know, what else should I be thinking about? These were all things that I learned as a mentor, and hopefully I'm, you know, giving my mentees, you know, the benefit of my experience and my training.

00;10;56;05 - 00;11;04;13
Leslie Schlachter
Oh, I'm sure you are. We have this program called Women to Women here. I know that because my mother is a part of the program, and I want to talk to you guys about that. But can you tell us a little bit about this program?

00;11;04;13 - 00;11;32;15
Dr. Alison Snow
Sure. The program was started in 2001 by Valerie Goldfine when she was diagnosed with

ovarian cancer and felt isolated. And thanks to its, philanthropically based 100%. And, it's a program that has volunteers and support. There's a lot of, mentorship through, the survivor volunteers and then the social workers who lead the program offer, financial assistance, psycho educational programs.

00;11;32;15 - 00;11;38;11
Dr. Alison Snow
It's really grown and become such, I think, an incredible asset to the Mount Sinai Health System.

00;11;38;11 - 00;11;40;29
Leslie Schlachter
How many patient volunteers do you have for this program?

00;11;41;04 - 00;11;42;29
Dr. Alison Snow
There are currently 49.

00;11;43;02 - 00;11;45;16
Leslie Schlachter
Okay. And what about how many social workers work with the program?

00;11;45;16 - 00;11;51;13
Dr. Alison Snow
There's two managers that support the program. And then we also have, Joanne oncology social workers. In addition.

00;11;51;15 - 00;12;11;25
Leslie Schlachter
So I want to tell you guys a quick story. I, my mother is a patient here at Mount Sinai. And a couple years ago, during Covid, she was doing Pilates and was feeling her T-zone and said it feels very full down there. She knew something wasn't quite right. She had missed her annual check the year before because of Covid.

00;12;11;25 - 00;12;29;26
Leslie Schlachter
So she called her gynecologist, went in, did a sonogram, and there was something kind of funny looking there. So he did a bunch of tests and said, yep, this looks like an ovarian tumor. I can't tell whether it's cancerous or benign, but we need to take it out. So she was scheduled for surgery three times and they canceled three times for Covid reasons.

00;12;29;28 - 00;12;45;18
Leslie Schlachter
And so finally I said, that's it. You're not having surgery up in Connecticut. I called, one other

urologist that I used to work with knows Doctor Stephanie Blanke very well. Got me on the phone with her. Stephanie said this was a Tuesday. She said, I'll meet your mother on Thursday. I'll operate on her on Tuesday next week.

00;12;45;20 - 00;13;07;07
Leslie Schlachter
She called me when she got out of the O.R. and she said, yeah, that definitely did not look as good as I thought it would. And it turned out it was a clear sell ovarian cancer. And, I'll make the story quicker, but my mom in and out of the hospital, she started chemotherapy a couple weeks later. And the type of person that my mom is, is she's just a living angel.

00;13;07;10 - 00;13;31;29
Leslie Schlachter
She was wearing her gold cap at the Chelsea Infusion Center, miserable, and finally fell asleep on the Benadryl and then woke up towards the end of her treatment, said, oh my God, I'm the luckiest person alive. And I said, why is that? She said, I'm going to be able to volunteer and mentor so many people through this. And I was like, oh my God, that's amazing.

00;13;32;06 - 00;13;53;10
Leslie Schlachter
So we didn't actually she had gotten a phone call before treatment, not before the surgery. That was quick, but before her chemo treatment. She got a call from someone that said the worst of it's going to be the cold cap. You have to know this, this, this and this. This is what to expect. So she already had someone, and then within two weeks of finishing her chemo, she had already had like three people she was volunteering with.

00;13;53;17 - 00;13;59;16
Leslie Schlachter
And I feel like if you guys were going to give out gold stars for patients, it would be my mom would get one of them, right?

00;13;59;21 - 00;14;02;02
Dr. Shari Brasner
Yes, absolutely.

00;14;02;16 - 00;14;20;29
Leslie Schlachter
She loves your program. She participates in everything she possibly can. She would, like, run the group if you let her. I will tell you that going through something as scary is that. And as difficult as that was made so simple by this program. And it just keeps on giving. So thank you.

00;14;21;05 - 00;14;39;14
Dr. Shari Brasner
Yeah. No. For me, I remember the first time, you know, I interacted with a new mentee and she

looked at me and she said, you know, I've never met someone who survived their cancer. I always hear these stories of so-and-so had cancer and died. And I said, well, here I am, you know, look like I'm not making any of this up.

00;14;39;21 - 00;15;01;03
Dr. Shari Brasner
My hair is all grown back, you know, I am exercising, I am working, I worked all through my treatment. I said, so, you know, I'm living proof that you can do this. You can beat this cancer. And you know, she just like it was like a whole, like her whole world. A switch flipped and she was like, yeah, I think you're right.

00;15;01;03 - 00;15;03;13
Dr. Shari Brasner
You know, I can do this. You did it. I want you to.

00;15;03;14 - 00;15;14;10
Leslie Schlachter
What do you think the biggest need is for this group? Is it someone who's gone through it, letting them know what the next steps are going to be? Is it just a sounding board? What is. What is it? What do you think the people are actually getting out of it the most?

00;15;14;10 - 00;15;38;11
Dr. Alison Snow
I think what doctor Rosner said really resonates. I think for a lot of patients, they really feel like a cancer diagnosis is a death sentence, like they don't necessarily have the support in their own families or you know, social connection. So I think the fact that this program really offers them that peer mentorship, in addition, a community where they can really have that kind of support, in addition, some patients really benefit from like the financial assistance aspects of it.

00;15;38;13 - 00;15;40;19
Dr. Alison Snow
So there's practical things that are really helpful.

00;15;40;19 - 00;15;43;09
Leslie Schlachter
Like what are some of the things that patients need financial assistance.

00;15;43;09 - 00;16;09;09
Dr. Alison Snow
For. There's a new program now where they're helping them with, cleaning their homes. So if anybody really needs that kind of support, Jillian and Rachel have just done such a tremendous job in really finding all of the things that really can prevent a patient from having a good experience and just like helping them figure those resources out so they have financial support for transportation for them to get to appointments, to cover sometimes, you know, co-pays if

they need help with that.

00;16;09;17 - 00;16;21;23
Dr. Alison Snow
And that can really relieve the stress and anxiety that people have, you know, going through cancer treatment. So I think those are just a few of the things. But there really are so many facets of the program that I think, you know, are just so beneficial.

00;16;21;27 - 00;16;25;17
Leslie Schlachter
When I think women in cancer treatment, I think hair loss.

00;16;25;17 - 00;16;28;09
Dr. Shari Brasner
Yeah. So I'll tell you about one of the newest programs.

00;16;28;10 - 00;16;29;02
Leslie Schlachter
Yeah. Tell me.

00;16;29;16 - 00;16;51;25
Dr. Shari Brasner
Women to Women just launched a wig program, and, they've partnered with an organization. I had donated my wig when I was finished with it to this organization. And, And we're being trained, if you're interested, the volunteers in how to advise. But for me, the worst part of my chemotherapy was the hair loss, because I wanted.

00;16;51;25 - 00;16;52;02
Dr. Shari Brasner
Did you.

00;16;52;02 - 00;16;52;18
Leslie Schlachter
Wear the cold.

00;16;52;18 - 00;17;09;12
Dr. Shari Brasner
Cap? I it was I was not a candidate. It was five drugs. There was no way a cold cap was going to save my hair. They said it's going to be about two weeks after your first chemo, that you're going to notice your hair starting to change. And literally two weeks to the day I ran my hair through my my fingers, through my hair.

00;17;09;12 - 00;17;29;22
Dr. Shari Brasner

And, you know, the first clump came out and my husband helped me shave my head. And my best friend had taken me the day before my chemo started for a wig. I never realized how expensive a really good scalp prosthesis is, what they call it in medical terms. So I was eligible for some reimbursement. But for some women it's prohibitive cost.

00;17;29;26 - 00;17;53;06
Dr. Shari Brasner
So this wig program gives them, you know, options that they would never have had. And it's really only a couple of months old. And already, we meet once a month, the volunteers on a, on a zoom call and, just the last one, we were talking to some of the wig volunteers and they said, it's you know, been just amazing to help women, you know, feel like themselves through their treatment.

00;17;53;07 - 00;18;07;07
Leslie Schlachter
Yeah. Somebody donated one to my mom to, I think she I'm not sure if she ended up wearing it, but she was just so touched that she got something. Yeah. What's the training like for this program? How do you train to become a mentor in this program?

00;18;07;10 - 00;18;31;28
Dr. Shari Brasner
Well, Jillian and and Rachel have a terrific, you know, sort of program. And, you know, we met for a couple of hours. They gave me a handbook, but really, it's meeting each patient where she is and finding out what she needs. So I usually reach out by text first and I say, you know, I'm a volunteer with women to women, you know, would you be open to chatting?

00;18;32;00 - 00;18;51;28
Dr. Shari Brasner
And usually they've been approached by one of the social workers or referred to the program. So they kind of know what woman to woman could be. And I've had mentees that I talk to frequently. I've had mentees that I meet, you know, for lunch or we go for walks. And I've had others who, you know, say, you know what I'm really doing, okay.

00;18;51;28 - 00;19;10;08
Dr. Shari Brasner
Thank you. I really appreciate you reaching out, but I don't I don't need a lot of ongoing support. And so I respect, you know, what each person needs. You know, every year around the Jewish holidays, one of my mentees I know is, you know, I'm observant and I'll send her a note and just wish her happy Holidays and others.

00;19;10;08 - 00;19;12;05
Dr. Shari Brasner
I, you know, reach out to more regularly.

00;19;12;11 - 00;19;17;27
Leslie Schlachter
What year did it start in 2001. Okay. So what does that what does it look like since then? How many members?

00;19;18;11 - 00;19;43;04
Dr. Alison Snow
I think it's just really grown tremendously from when the beginning. I think also as treatment advances, more and more people are surviving. And so I think Jillian and Rachel again, have really been able to get so many volunteers with different types of growing cancers. And so I think the program has, like I said, also grown with the different services like the Wig program and the fact that they have a house cleaning program and all these Psychoeducation programs every month.

00;19;43;04 - 00;19;50;12
Dr. Alison Snow
They just had a great, 12:00 with the Doctor Gans on survivorship. So, there's just so many different facets, like I said, about.

00;19;50;12 - 00;20;03;03
Leslie Schlachter
So the zooms that my mom speaks of these are these like monthly zooms. Right. But then you also have the in-person ones like those catered events on the Upper East Side every now and then. What's what's that. That's a that's a reunion, right.

00;20;03;03 - 00;20;24;24
Dr. Shari Brasner
Those those happen less frequently, but there's a full calendar of events. The ones that your mom participates in are really for the volunteers. Okay. And we meet and talk about issues. You know, somebody may be having a complicated relationship with their mentee, and everybody will listen and give them, you know, some ideas and thoughts about how to handle that situation.

00;20;25;01 - 00;20;51;03
Dr. Shari Brasner
But there's a full calendar of events for patients still undergoing treatment. Recurrent cancer. How to, you know, live with cancer? You know, I think they're literally you know, almost every day of the month. You could, you know, sort of log on and join a discussion group. So again, it's, you know, there's something for everyone. And, you know, I only participated as a volunteer.

00;20;51;04 - 00;20;54;15
Leslie Schlachter
Because that hard to do is that hard to sometimes not open up your mouth and be a doctor.

00;20;54;16 - 00;21;02;08
Dr. Shari Brasner
You know, I'm happy to just be a listener. But sometimes we go around the, you know, the zoom room, you know, and and everybody has something to say.

00;21;02;11 - 00;21;09;00
Leslie Schlachter
I know that's actually one of the rules. Like, you can't give like in order to be a mentor, you can't give any medical advice like walk in with different hats.

00;21;09;00 - 00;21;31;26
Dr. Shari Brasner
So some of my mentees don't know that I'm a doctor. I don't share it unless it comes up very organically in the conversation, because I don't think it's important. I'm reaching out as a cancer survivor, not as the Ob-Gyn hat, you know, so I would say that probably at least half of the women I've interacted with through the years don't know what I do for a living.

00;21;31;26 - 00;21;33;29
Leslie Schlachter
How many women have you interacted with over the years?

00;21;34;03 - 00;21;35;25
Dr. Shari Brasner
Again, some of them, it's it's a.

00;21;35;26 - 00;21;38;13
Leslie Schlachter
Even if even if it's just a one phone call, probably.

00;21;38;13 - 00;22;05;04
Dr. Shari Brasner
7 or 8 and you know, and some it's an ongoing, you know, just touching base. You know, some of my patients aren't as fortunate as I was. They don't have family support. So I make sure, especially around holidays, you know, how are you doing? What's going on? You know, I have one patient who continues to struggle, you know, with her diagnosis.

00;22;05;06 - 00;22;19;19
Dr. Shari Brasner
And I've met her. She lives on the Upper West Side. So, you know, rather than it just be through text or a phone call, I said, let's meet in person and now when you know she sees me on zoom, she'll send me, you know, a little private message saying, it's nice to see you, you know? So yeah.

00;22;19;20 - 00;22;26;13

Leslie Schlachter
Yeah. What a beautiful program. Now you guys actually have a reunion coming up, right? Yes. So when is that? And what what happens at these things?

00;22;26;19 - 00;22;38;05
Dr. Shari Brasner
I actually didn't bring my phone in. I can't check the date. It's usually on a Saturday morning in the fall. So it's probably, sometime coming up the end of September. October? We can get that date for you, and that's okay.

00;22;38;05 - 00;22;38;21
Leslie Schlachter
That's okay.

00;22;38;21 - 00;23;02;11
Dr. Shari Brasner
And, and they went out. It's kind of like, almost like a rec room in a school on the Upper West Side, and, volunteers as well as all of the, you know, mentees through the years, are invited to come back and there's a guest speaker. And I think this year the focus may be on hair. So there's probably, you know, a specialist coming in to, you know, talk to us all.

00;23;02;14 - 00;23;20;00
Dr. Shari Brasner
And it's just the warmth in the room, the camaraderie. You know, it could be a complete stranger, but you know that you're sitting at the table with someone who's walked a path that's pretty similar to yours. And it is the great equalizer. You know, cancer strikes everywhere.

00;23;20;06 - 00;23;37;21
Leslie Schlachter
So it is gynecol. It's so it's Gynecologic Cancer Awareness Month. What do you want the listeners to know about how they can help themselves? I know you said you said some of these things. You can't screen for them. So what are some things that they can do that they're in control of?

00;23;37;21 - 00;24;06;06
Dr. Shari Brasner
I mean, the reality is, is like every other cancer, good health habits play a huge role in terms of reducing your risk. I mean, we all know exceptions to that rule, and I think I'm one of them. But healthy diet, healthy exercise habits, you know, not smoking, not drinking in excess. I mean, these will have tremendous obvious health benefits for your cholesterol or your weight or, you know, your BMI, but they all will lower your cancer risk as well.

00;24;06;10 - 00;24;20;16
Dr. Shari Brasner

So they're not to be sort of minimized or overlooked. You know, when it comes to rare cancers and ovarian cancer, while it's the scariest, probably of them all is still one of the rarer, you know, gynecologic cancers.

00;24;20;19 - 00;24;30;12
Leslie Schlachter
So uterine cancer is or endometrial cancer is one of the most is the most common, then ovarian, then vulvar, then vaginal.

00;24;30;15 - 00;24;33;13
Dr. Shari Brasner
Well, direct. Yes. And you left out cervical.

00;24;33;13 - 00;24;34;04
Leslie Schlachter
I did.

00;24;34;04 - 00;24;38;16
Dr. Shari Brasner
Yes. So this although in this country, you know, pap smears you know, are.

00;24;38;17 - 00;24;39;14
Leslie Schlachter
Oh here we go.

00;24;39;14 - 00;25;00;24
Dr. Shari Brasner
You'll know it's there. Yes. And dmitri's cancer is really well known because it's the most common. But it's not the only kind of uterine cancer. The uterus has a lot of different cell types. And in fact, my cancer originated in the uterus. But it's, you know, it's sort of at the bottom of the list. You know, you've got those endometrial cancers, the cancer of the lining of the uterus.

00;25;01;00 - 00;25;08;17
Dr. Shari Brasner
You have, sarcomas. You can have, you know, and then the other cell types.

00;25;08;19 - 00;25;23;16
Leslie Schlachter
So when women of the appropriate screening age group go to get their pap smears and they go for an exam, is that just looking at the cervical cells because they're swabbing the cervix, or is that getting something from the uterus as well.

00;25;23;22 - 00;25;49;05
Dr. Shari Brasner

No. In a non menstruating woman you know, a pap smear sole purpose is to screen for cervical cancer. Okay. The by manual exam when the doctor may put a hand on the belly and hands or fingers, you know, in the vagina, feeling those internal organs is another way to screen for other gynecologic cancers. But it's very difficult to feel a small mass, let's say, like the one that was on my uterus.

00;25;49;05 - 00;25;59;15
Dr. Shari Brasner
There's no way I could expect that somebody would have felt that. And perhaps even your mom. I mean, she only had symptoms probably when, you know, she had bloating and, you know.

00;25;59;15 - 00;26;09;16
Leslie Schlachter
But she also, she's thin and fit and feels like she works out. So she knew. I can't imagine how that would be easily missed in someone.

00;26;09;18 - 00;26;22;16
Dr. Shari Brasner
The stories you hear, you know, there is a huge power of denial, you know? And I mean, again, your mom has a great story, but the vast majority of ovarian cancers, you know, are diagnosed in a very late stage.

00;26;22;19 - 00;26;30;00
Leslie Schlachter
Okay. So let's just go through these. So for vulvar cancer, that is the area outside of the vagina. The area that you can see.

00;26;30;04 - 00;26;31;07
Dr. Shari Brasner
That's right.

00;26;31;09 - 00;26;35;22
Leslie Schlachter
Is that something that you'd have. It would be visible. It would look like a mole. What what would that look like.

00;26;35;22 - 00;26;57;00
Dr. Shari Brasner
Yes. I mean the classic teaching is that 3% of melanomas are found on the vulva. And really, it's the skin cancer that I've diagnosed in women. That's my strongest argument for my post-menopausal patient, who says, why do I need to see a gynecologist? I had a hysterectomy. I don't even have those organs. And so but you still have skin and no one else is looking at it.

00;26;57;00 - 00;27;02;19
Dr. Shari Brasner
Probably not even your very thorough dermatologist and I have picked up skin cancers of the vulva.

00;27;02;19 - 00;27;12;17
Leslie Schlachter

And the vagina. Vagina doesn't get removed with a hysterectomy. It's still there. That's right. How how is that? Is that typical? Is that bleeding? How does one find find that. No.

00;27;12;19 - 00;27;39;09
Dr. Shari Brasner
Those can present as, either itching or bleeding. You know, there erosions of the skin, you know, good physical exam because we are feeling, you know, for things that don't feel just right. Right. But again, you're talking, you know, about not the most common cancers, things that people can, can feel with their own fingers. You know, hopefully they'll they'll bring themselves in, you know, and just say, does this seem right?

00;27;39;11 - 00;27;46;15
Leslie Schlachter
So then we talked about cervical and typically the age that's getting cervical cancer is typically the age group that should be getting pap smears correct.

00;27;46;15 - 00;28;13;11
Dr. Shari Brasner
Well pap smears start at 21. We think of cervical cancer. We know that it is HPV human papillomavirus mediated. That makes it very different from other cancers and certainly from the other gynecologic cancers. We think of it really as being part of a sexually transmitted disease. HPV is the vector. So we now have, you know, tools we can do.

00;28;13;12 - 00;28;50;06
Dr. Shari Brasner
Yes. We we not only can start vaccinating adolescents, both male and female, and that will in the long term dramatically and already has cut down on cervical cancer rates and also cut down on albeit rare penile cancer rates. But you know, the pap smear, will often be done in conjunction with an HPV test. So if you know that you have one of these high risk HPV types, because cervical cancer develops so very slowly, you sometimes have years to offer interventions that will eliminate the risk of ongoing concern.

00;28;50;08 - 00;28;58;24
Dr. Shari Brasner
So you can remove parts of the cervix and essentially eliminate those cells that are HPV infected and thereby eliminate the risk of cancer.

00;28;58;25 - 00;29;10;24
Leslie Schlachter
Okay. And then back up to the ones that you can't see or feel so much. So ovarian less common, typically more aggressive older patient. Yeah. So how how do they typically present.

00;29;10;26 - 00;29;35;13
Dr. Shari Brasner
They present with already metastatic disease. Stage three or stage four. Ovarian cancer is known for spreading throughout the abdomen. So women will often present with what's called a society's big swollen bellies filled with fluid. Because those cancer cells have affected essentially all the lining around the organs. Ovarian cancer can be found in the lungs. It can be found in the brain.

00;29;35;13 - 00;29;53;17
Dr. Shari Brasner
So you know that diagnosis is staged surgically. You have to have the operation to see what organs are involved, and then they remove anything that's visible so that you're hopefully left with just micro disease. That chemotherapy then can hit.

00;29;53;19 - 00;30;09;13
Leslie Schlachter
So it almost feels like Gynecologic Cancer Awareness Month isn't so helpful. Because if these are things that present so late, how can what could we do to raise awareness of maybe or is it just research? How do we do better? Well, you.

00;30;09;13 - 00;30;28;11
Dr. Shari Brasner
Know, there are mechanisms that I can talk to young women about that we know help reduce risks of cancer. Oral contraceptives are shown to dramatically reduce the risk of ovarian cancer later on in life. It also lowers the risk of endometrial cancer. That cancer of the lining of the uterus.

00;30;28;15 - 00;30;30;01
Leslie Schlachter
So it's clearly hormone mediated.

00;30;30;07 - 00;31;01;12
Dr. Shari Brasner
Well, it's that ovulation probably plays a role. And the birth control pill suppresses ovulation. So we think of ovulation I don't want to get too detailed, but we think of each ovulation, each release of an egg as a little injury to the surface of the ovary and the constant repair mechanisms that are there. Something goes awry. And so if you suppress ovulation, sometimes for years on the birth control pill, you have far fewer injuries and therefore far fewer ways that

that repair could go wrong.

00;31;01;15 - 00;31;15;06
Dr. Shari Brasner
So birth control pills are a valuable tool. You know, if a young woman comes to me and says, you know, my grandmother had ovarian cancer or my mom had ovarian cancer, birth control pills are part of our armamentarium.

00;31;15;08 - 00;31;26;09
Leslie Schlachter
So from like a community outreach perspective, if finding some of these cancers really only happened later in life, how do we go about getting the right information to people to reduce this later?

00;31;26;13 - 00;31;48;20
Dr. Alison Snow
So we definitely have a community outreach and engagement team that goes out and to schools and to the community health fairs and gives this kind of information in terms of HPV education screening, what you can look for. And I think a lot of it is also knowing your body like your mom knew something was wrong and like the denial part, right, like going to your primary care doctor, your gyn, and sharing what you're noticing about your body.

00;31;48;20 - 00;32;01;13
Dr. Alison Snow
So I think part of it is like that educational piece and then also kind of listening for signs and symptoms that you feel like something not right. But definitely there's always room for education. And that's a big piece of like the community outreach and education for Tisch Cancer Center.

00;32;01;16 - 00;32;14;13
Leslie Schlachter
So diet, exercise, oral contraceptives. Let's talk. We had we did an episode on alcohol how alcohol is a risk factor for cancers. Smoking is that also a risk factor for these types of okay.

00;32;14;15 - 00;32;16;15
Dr. Shari Brasner
I mean HPV vaccines.

00;32;16;17 - 00;32;17;05
Leslie Schlachter
Are safe.

00;32;17;05 - 00;32;41;18
Dr. Shari Brasner

Sex condom use for young girls. I mean, they don't realize that, you know, HPV can be a killer. And even our best vaccine right now, is known as Gardasil nine. It will protect against nine subtypes. But we think there may be about 70 different subtypes of HPV. So nothing's going to be as good as limiting the number of sexual partners and using condoms.

00;32;41;18 - 00;32;50;19
Dr. Shari Brasner
And that's a message that I will tell you for years. I mean we're failing where it goes into the schools, but it's not translating into action.

00;32;50;21 - 00;33;09;13
Leslie Schlachter
Well, I think as much as we'd like to not believe it, I mean, I've had this conversation with my children explaining that condoms just aren't for pregnancies. Like, really? That's people don't really get that. They know they understand the STD thing, but they think of it as just like just that in that moment. But when in reality it's it could affect the rest of your life.

00;33;09;14 - 00;33;31;06
Dr. Shari Brasner
Yeah. And I remind the young girls that I see, you know, we have treatment for gonorrhea and chlamydia, but we don't have a way to eliminate HPV or herpes simplex virus. And that's a diagnosis that still carries so much stigma. I mean, it's really it's so difficult to manage these young girls who feel like.

00;33;31;06 - 00;33;52;11
Leslie Schlachter
So more than that, you just said that something as physiologic and normal as ovulating is technically causing damage. So then, yeah, you can treat gonorrhea and chlamydia, but you're also scarring your organs. You're hurting your organs by getting these things. So these are damaging things even though they can be some of them can be treated. Does that lead to cancer later?

00;33;52;11 - 00;33;56;04
Leslie Schlachter
All all these effects that can happen from these STDs?

00;33;56;07 - 00;34;16;11
Dr. Shari Brasner
I don't think we've linked anything other than HPV specifically to cancer. And I don't want to, you know, scare my patients. I don't want to make them sexual cripples. But I also, you know, know what goes on on college campuses. And I want these young girls to understand that, you know, a diagnosis of herpes, sort of stays with you for life.

00;34;16;13 - 00;34;22;04

Dr. Shari Brasner
And it's moving away from the gynecologic cancer aspect. But, you know, yes, condoms.

00;34;22;04 - 00;34;23;03
Leslie Schlachter
STDs, also.

00;34;23;03 - 00;34;28;21
Dr. Shari Brasner
Condoms. No more than just prevent pregnancy. That's that's the bottom line.

00;34;28;23 - 00;34;32;18
Leslie Schlachter
What would you say are some of the biggest misconceptions about gynecologic cancers?

00;34;32;19 - 00;34;58;16
Dr. Shari Brasner
Well, I suppose I would say that, you know, that they only happen to your grandma. You know, I mean, there are certainly and you know, participating in the Woman to Woman program, you know, I'm meeting young cancer survivors more and more. So, you know, just understanding that this isn't something that you only start thinking about after menopause, you know, that plenty of people are diagnosed with these, you know, at a younger age.

00;34;58;18 - 00;34;59;16
Leslie Schlachter
What would you say that?

00;34;59;17 - 00;35;17;04
Dr. Alison Snow
I think also the doctor prisoners like living proof that you can go through a rare disease, a rare cancer, and still, you know, be a mentor and, you know, be there for the people who are so worried about a new diagnosis. So I think a lot of misperceptions around, you know, what does it mean to be diagnosed with cancer and survivorship.

00;35;17;07 - 00;35;37;21
Leslie Schlachter
Right. What, you know, I think our health system I know our health system does an incredible job, treating patients, advocating for patients, everything from, like the diagnosis all the way through the treatment. What do you think that we. And I don't mean we Mount Sinai. I mean, we as a whole could be doing better for these patients.

00;35;37;23 - 00;35;55;26
Dr. Alison Snow
I think just getting the word out is one of the things I know is that the Tisch Cancer Center

community outreach program, like, that's something that we really, you know, work towards getting these messages out about screening and education. I think in terms of the woman to woman program and the work that they do, I can't think of anything that they could do better because it's so comprehensive.

00;35;56;01 - 00;35;56;15
Dr. Alison Snow
But.

00;35;56;17 - 00;36;06;19
Leslie Schlachter
Right, like, they're doing such an amazing job with people that have a diagnosis. But it's really the outreach before is where the work has to be done, and that's what you focus on. What do you love most about your job?

00;36;07;03 - 00;36;14;11
Dr. Alison Snow
I, you know, for me, I think it's all of this, like the really like the opportunity to touch people's lives and to make them better for their cancer experience.

00;36;14;11 - 00;36;25;13
Leslie Schlachter
When you guys do community outreach and you're educating young girls, do they engage with you or are they just sort of listening and taking it in?

00;36;25;15 - 00;36;49;09
Dr. Alison Snow
I think it's hard. I think there's, this great program, the Knock Out Cancer Day, where we had a high school come and visit, and I think that the high school students were very shy at first, but we they found different ways to engage them in these kinds of conversations and the learning about cancer. But it's definitely, I think, challenging to talk to certain age groups about cancer was like.

00;36;49;09 - 00;36;51;16
Leslie Schlachter
The most appropriate age group to start with.

00;36;51;18 - 00;36;52;14
Dr. Alison Snow
I think high school.

00;36;52;14 - 00;36;54;25
Leslie Schlachter
Okay. Did you want to add to that?

00;36;54;27 - 00;37;28;15
Dr. Shari Brasner
No. You know, I just had a very unique experience being a patient. I thought was really difficult, you know, and I'm educated and I'm a doctor, and I an and a gynecologist at that. And yet when I came home from the hospital, you know, or finished one of my treatments, there were often some medications I had to take at home, and my daughter and I would literally have to take a big post-it sheet and put it on the wall, because I couldn't remember if one of the medications was something I was supposed to take three times a day.

00;37;28;18 - 00;37;48;09
Dr. Shari Brasner
What was that? The medicine I was supposed to take once a day for three days. And I kept going back to the idea. What if English wasn't my first language? What if I didn't have the ability to go on to, you know, a website and, you know, and just look that up or get in touch with my doctor very easily.

00;37;48;17 - 00;38;08;11
Dr. Shari Brasner
There were so many times where I stopped and I said, wow, I'm really grateful. This is really challenging. You know, one of my medications was going to be delayed. The pharmacy didn't have it. You know, I had the information I needed to be able to say whether it was okay to delay it for a day or not.

00;38;08;14 - 00;38;25;24
Dr. Shari Brasner
And I was fortunate that I had the credit card to say, well, it's not going to be approved in time, but I need that today. You know, let's let's take care of it and I'll deal with that later. So often I just kept going back to this concept of just remember how grateful you, you know, should be.

00;38;26;01 - 00;38;54;29
Leslie Schlachter
Medical literacy, socioeconomics are huge in this. I mean, I as a surgical PA, I see my patients before discharge. I talk to them after discharge. I see them in the office afterwards. I cannot tell you how many times I have patients that said, oh well, my seizure medication wasn't ready at the pharmacy for two days, so I didn't take it, and they ended up back in the hospital with a seizure, or they weren't sure how to take their steroid taper, so they just didn't.

00;38;55;01 - 00;39;00;15
Leslie Schlachter
It's so common and I'm educating them. I'm doing a really good job, but it's still not perfect.

00;39;00;15 - 00;39;16;22
Dr. Shari Brasner

You know, I was told all of these things. But, you know, when you are the patient, your head is spinning. And, you know, I really sort of took that to heart and understood it, you know, firsthand, you know, probably seriously, for the first time in my life.

00;39;16;25 - 00;39;29;25
Leslie Schlachter
We know that with breast cancer that there are certain genetic risks. People go through genetic screening. I've gotten tested for it. I did the whole thing. What are there any genetic testing that we can do to see if people are at higher risk for these cancers?

00;39;29;28 - 00;40;02;27
Dr. Shari Brasner
Well, Brocco, one and two do confer some risk for not just breast cancer, but for ovarian cancer as well. But we really don't otherwise have, genetic tests. I mean, again, I'm not a gynecologic oncologist, so I'm not, you know, that's not my subspecialty. There are families that, you know, if you did a detailed genetic history, you could, you know, sort of find that there was something going on genetically, whether we have a test for it or not.

00;40;02;29 - 00;40;12;06
Dr. Shari Brasner
And those patients, you know, may be able to get identified and, and screened, you know, at a schedule that you wouldn't necessarily recommend for the general population. So, like.

00;40;12;06 - 00;40;16;15
Leslie Schlachter
If someone's broke a positive would maybe you would get yearly transvaginal ultrasounds on that.

00;40;16;15 - 00;40;30;03
Dr. Shari Brasner
That's right. Because then you're justified in in applying a test that may have a false positive, you're willing to accept that in a high risk patient. So yes, all of a sudden that becomes a very routine test. Right?

00;40;30;06 - 00;40;53;23
Leslie Schlachter
Okay. Yeah. That's a really difficult concept. So what like what we for people listening. If you were to screen all of the patients that came in and had an exam with a gynecologist, and you send all of them for transvaginal ultrasounds, the likelihood that you're going to pick up anything significant is very, very low. But if someone's at high risk of having something that can be picked up on transvaginal ultrasound, then they should be getting them yearly.

00;40;53;25 - 00;41;00;18
Leslie Schlachter

Do you have a daughter? I do. Okay. So is there any risk? Does she is she at any increased risk based on what you went through?

00;41;00;27 - 00;41;21;05
Dr. Shari Brasner
For my particular cancer, I don't think it confers any increased risk for her. You know, I don't really know what to tell her to do differently. Except, you know, she held my hands through all of it. So I'm sure that she is thinking these things. And is a different person, you know, now than she was, you know, prior to my diagnosis.

00;41;21;17 - 00;41;31;19
Dr. Shari Brasner
But hopefully, you know, she also watched, you know, that she'll know that she can fight and and win. And so, you know, we'll deal with whatever comes her way.

00;41;31;21 - 00;41;39;17
Leslie Schlachter
What are a couple things, you know, 1 or 2 things that you want every woman to know about gynecologic cancers and survivorship.

00;41;39;23 - 00;42;05;27
Dr. Shari Brasner
You're never alone on this journey. And whether it is a woman to woman program or your own family, your friends, your colleagues. I know in my case, people came out of the woodworks to share their own, you know, stories, drop off food, whatever it was, you're never alone. You may feel that way in your darkest hour, but, you know, seek out the support that is definitely there.

00;42;06;07 - 00;42;10;05
Dr. Shari Brasner
Because I think it makes such a difference in the experience.

00;42;10;06 - 00;42;10;22
Leslie Schlachter
Yeah.

00;42;10;25 - 00;42;24;07
Dr. Alison Snow
I think that is the woman to woman motto that you are not you are not alone. So I think that just that you know what Doctor Posner said, that there are so many resources to support you, and to reach out so we can get people connected to the resources.

00;42;24;07 - 00;42;45;16
Leslie Schlachter
The cancer is very personal cancer. And to have that support is really important. I think that's

what really does set Mount Sinai above. Thank you so much for being here today. I appreciate it. That's it for this episode of The Vitals. I'm your host, Leslie Schachter. Subscribe to the Vitals and Mount Sinai's other podcasts on YouTube and find us on Apple Podcasts, Spotify, or wherever you get your podcasts.

00;42;45;18 - 00;42;55;24
Leslie Schlachter
To learn more about gynecologic cancers, visit the Center of Excellence for Gynecologic Cancer and Cancer Support Services. To learn more about the Women to Women program, click the links in the description below.